DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00749 PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Montgomery MARYLAND Maryland Baltimore b. CITY OR TOWN (if outside corporale limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þ write RURAL and give neerest town) Bethesda 12 Davs Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? The Clinical Center YES NO Blenheim Road complete papers 3. NAME OF Middle DECEASED (Type or print) DEATH HORBER OGTER ABURN AGE (In years | IF UNDER 1 YEAR within carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS 8. DATE OF BIRTH last birthday) | Months pue Mala DIVORCED September 100. USUAL OCCUPATION (Giva kind of work 106, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY! 11. BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if retired) Furniture Manufactuer Manufacturing USA Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Johnson B. Aburn Minnie F. Stoll a 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17, INFORMANT The Medical Record (Yas, no, or unkown) | (Ifyesgive war or detes of service) The Clinical Center, Bethesda ll. Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED 8Y: Uremia 1 month IMMEDIATE CAUSE (a) certificate has been signer use as the burial-transit prior to burial, cremation DUE TO Chronic glomerulonephritis vears Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the undarlying 12 years Regional enteritis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) I 19. WAS AUTOPSY PERFORMED? NO · 20%, ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) After this etached by 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, form, 2Df. (City or town) (County) (Stata) factory, streat, office bldg., etc.) Not While Hour a.m. al work 3 should be de 21. 1 certify that (this hospital) altended the deceased from December 31, 19 61 to January 12162, that (we) lest Jan. 12, 19 62, and that death occurred 11:174 Mom the causes and on the date stated above. saw the deceased alive on... 22a. SIGNATURE ATTENDING PHYS. death. Poge 4
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director, page 3
be filed with the PHYS. The Clinical Center, N ational 22c. PHYSICIAN'S William B. Kremer, M.D. Institutes of Health, Bethesda 14. Md. 236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Spacify) Baltimore Greenmount Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) .W. Jenkins & Sons Co. 4905 York Rd. Balto DATE Ording S. Krais 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY Montgome ry Montgomery
b. CITY OF TOWN (if outside corporate limits, Narvland MARYLAND y is nece c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) your b Glen Echo Hgts. Glen Echo Hgts., Maryland mos. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS 6015 Wahonding Rd., 6015 Walhonding Rd.. 3. NAME OF Middle 4. DATE Month Adelman to the DECEASED Helen Atelman Jan. (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH 2 win Rdirthday) pue Female March 10,1892 Months WIDOWED X 10 P 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Give Pages 1, 2, rm PM3. Page 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired)
Housewife New York, N.Y. None pages | within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wm. Henry Carlock Amanda Berrel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, po, or unkown) (Ifyesgivewarordatesofservica) None 6015 Walhonding Rd., with d be executed v Dr. Atelman 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). ice along in ial-transit g PART I. DEATH WAS CAUSED BY: Cerebral Vascular accident IMMEDIATE CAUSE (a) Office DUE TO Conditions, if any, which "pending" i xaminer's O used as a bu geve rise to immedieta cause Examiner's (a), stelling the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY CERTIFICATION History of C. Va. in distant past. word 3 Medical plnods 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. writing Chief / Page 3 s CAL the C. Page 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Home, form, ! 20f. (City or lown) (County) factory, street, office bldg., etc.) MEDI Hour a.m. While Not While at work at work OR 21. I certify that I took charge of the remains described above, held an Autopsy | |. Inspection | XI Inquiry X 0 cule the forwarded of DIRECTC Natural causes K death resulted from: Accident Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER should be for designate DEPUTY MEDICAL EXAMINER EXAMINER'S Frank J. Broschart NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOYAL (Specify) Burial-transit 1-20-62 g40 p Bernardsville, New Jersey Bernards 248. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME Circum d. Bethesda, Maryland JAN 23'62 ROBERT A. PUMPHREY

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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1) PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission) a. COUNTY e. STATE b. COUNTY by the and 2 death. Montgomery MARYLAND Maryland Montgomerv b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) 5 72 Derwood R.F.D.#1 5 Months Olney, Maryland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO Ammons Nursing Home 3. NAME OF Middle Last 4. DATE Month papel n 72 DECEASED OF (Type or print) DEATH Harriet Allen January 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Deys Hours WIDOWED f EMale DIVORCED Col 5-10-1880 10a. JUNAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Domestic Maryland
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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

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VS. A15ME 5M 9/60	MW Chambers Conselver Skring Met DATE JAN 29 '62 arthur S. thomas

MARYLAND STATE DEPARTMENT OF HEALTH



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) a. COUNTY **b.** COUNTY Montgomery MARYLAND Maryland Montgomery b. CITY OR TOWN (f outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest lown) 2 Mo 11 days Brookeville Sandy Spring. d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress, d STREET ADDRESS e. IS RESIDENCE Russell Rest Home ON A FARM? YES X NO NAME OF Middle DATE Mosth DECEASED (Type or print) DEATH 196 2 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED male last birthday) Months WIDOWED A DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Farm U.S.A. Laborer Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Preslev Awkward Luvenia Powe 11 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknwn) | (Ifyes give wer or detes of service) Luvenia Warren: Ashton, Md. 18 CAUSE OF DEATH [Enter only one cause per ine for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Advancy Severly action schuris IMMEDIATE CAUSE (e)_ DUE TO geve rise to immediate cause **DUE TO** (e), steting the underlying PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110) 19. WAS AUTOPSY 20 PERFORMED? FICAT 20b DESCR BE HOW INJURY OCCURED (Enter nature of injury in Part or Part II of Item 18., 20a ACCIDENT WAS UNDERLYING TO 1 OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER WEDICAL 20c. TIME OF INJURY (State) Month Day, Yeer 20d, INJURY OCCURRED | 20e, PLACE OF NJURY (Home ferm, 1 20f (City or town) (County) fectory, street, office bldg , etc.) While Not White el work et work 1. , 1963, to face (2 ... , 196. L, that (1) (we) last 21 | certify that (i) (this hospital) attended the deceased from . Jan . saw the deceased alive on .. 194 2, and that death occured at M, from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) BOHIFAHI 23d. LOCATION (City, town or county) 23a. BURIAL CREMATION, REMORAL ASSOCIETY 23c. NAME OF CEMETERY OR CREMATORY State) & Fig. Sandy Spring. Sandy Spring. Md. MEGISTRAN 256, REGISTRAR S SIGNATURE 24 FUNDAL DIRECTOR'S SIGNACT VR AIS (4) Rockville, Md. DATE

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death



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINE 1. PLACE OF DES USUAL RESIDENCE (Where deceased lived, If institution Residence before admission) e. COUNTY Health, Montgomery b. COUNTY Marvland E S MARYLAND Montgomerv b. CITY OR TOWN (if outs de corporete limits, E. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give reamet lown)
Be the sda ď Wheaton d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Suburban Hospital 12906 Georgia Ave. YES NO X State 3. NAME OF Middle DECEASED (Type or print) Hilda Bessie Bacher DEATH January 8 DATE OF BIRTH 4-16-1883 2 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS lest birthday, Months Female White WIDOWED I DIVORCED 10a. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) Housevife. - oun home Own home Towa 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wilhelmina Bever Fritz Frohardt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Hyattsville, Md. (Yes, no, or unkown, (Hyespivewer or detes of service) No Phillip D. Bacher 8506 Allendale Rd. 18. CAUSE OF DEATH (Enter only one cause per line for (s., (b., and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Ventricular Asystole IMMEDIATE CAUSE (e) sudden DUE TO Stokes-Adams Syndrome Conditions, if eny, which sudden (b) geve rise to immediate cause DUE TO (a), stating the underlying Coronary Arteriosclerosis, severe unknown PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a). 19 WAS AUTOPSY PERFORMED? YES X NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury In Part I or Port II of item 18,) PRIMARY | or CONTRIBUTING DE CAUSE OF DEATH. Fell from back porch at home 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, Jarm, ; 20i. (City or town) (Stete) fectory, street, office bldg., etc.) et work et work Wheaton. Mont. Md. Wheaton CTO 21 I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry death resulted from Natural causes X. Accident Suicide Homicide Undeterm ned manner CHIEF MEDICAL EXAMINER ACTUAL should be for PUNERAL | its designate ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Dr. Frank Broschart DEP Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION. 226 DATE THEREOF 22d, LOCATION (City, town, or country) REMOVAL (Specify) 6 40 0 Fort Lincoln Crematory Cremation Weshington 248. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE APONTOria Ave. JAN 1 5 '62 arthur & Krous Silver Spring, Md. 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



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dela F. G.	U.S. Naval Hospital, Bethesda, Maryland Rt#1 Box 168
any re fu etair a Sta deat	DECEASED OF
ter the	(Typa or print) William BARBER DEATH Jan. 3 19 62 5 SEX [6. COLOR OR RACE 17 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (in parts F UNDER 1 YEAR 15 UNDER 24 HRS
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5-29-5	Laborer Roofing Vanseboro, North Carolina USA
of Section 1	13. FATHER'S NAME
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fed y with with serm	Unknown (S) Bertha L. JONES Washington, D.C. Washington, D.C. INTERVAL BETWEEN
to the transition of the trans	PART DEATH WAS CAUSED BY Death Inknown
be e. encil	IMMEDIATE CAUSE (a) Basilar Skull Fracture & laceration of heart
in position oval	Conditions, if any, which (b) Fall from building (3 story)
S S T S C	gava risa to immad ata cause (a), stating the underlying DUETO
ircate endi mine ed a	cause last, (c)
d "p d "p ation ation)	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/8, 19. WAS AUTOPS' PERFORMED?
Wor Wor Sical Ild b	PART II, OTHER SIGN,F.CANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 176, 19: WAS AUTOPOLY PERFORMED? YES NO 20s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
Mec Mec	PRIMARY OF OF CONTRIBUTING - 4.00 3 storie from Construction 4+6-91. S. Navel Hoop
MINE rriting Chief sge 3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, term, 20f. (C by or town) (County) (Slatb)
M. W. W. W. Page or to	20c. TIME OF INJURY Month, Day, Year 20d. IN. UKY OCCURRED 80s. PLACE OF INJURY (Home, term, 20f. (C by or lowf) (County) (State) Hour a.m. 3-20 p.m. 1-3 1962 at work at wo
다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다	21. 1 certify that I took charge of the remains described above, held an Autopy . Inspection . Inquiry . and in my opinion
ent, indeptrie	death resulted from: Natural causes, Accident 📈 Suicide, Homicide Undetermined manner
the corward	CHIEF MEDICAL EXAMINER []
	SIGNATURE THEM YOU STATE AND ASSISTANT MEDICAL EXAMINER
DEPUTY sase solution should be for PUNERAL its designat	EXAMINER'S FLANK J. BACSChah Address (Street, city, town, or county)
DEP shoul FUN its d	228. BLRIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
5 g 4 5 g	Burial Greenville, N.C.
YS. A15ME	23. FUNERAL DIRECTOR ADDRESS
5M 7/59	Popes Funeral Home, Washington, D. C. DATE JAN 8 '62 United & Florida



			, MARYL	AND ST	ATE DEPART	MEN	IT OF HEALTH	H-BAL	TIMORE, 1	3	
			00759		CERTIFIC	CAT	E OF DEATI	1		Reg. Dist. No	.06754
M)	1. PL o.	ACE OF DEATH COUNTY	ontgomery		MARYLAN	11	USUAL RESIDENCE (WI o. STATE Mary	here deceased land	I lived. If institution b. COUNTY	Montg	
	Ъ.	RURAL and give	(If outside corporate limit nearest town) Lney	s, write c. U	ENGTH OF STAY IN 1	Ь	6. CITY OR TOWN (IF O		rote limits, write RU	RAL and give rie	arest town)
X	d.	OR INSTITUTION	ITAL (If not in hospital, gi	ve street addre	15)	1	d. STREET ADDRESS Emoi	ry Lat	ne		e. IS RESIDENCE ON A FARM? YES NO X
	DI	AME OF CEASED (pe or print)	George		Middle Thomas	Ва	irnsley	4. DATE OF DEATH	Month Jan.	8	19 62
	5. SE		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		ATE OF BIRTH		9. AGE (In years last birthday)	Months Days	IF UNDER 24 HRS.
		le	White	WIDOWED [1909	lost birthdoy) 52 yrs.	TO 8	
_	100.	anciud wort of Mo	ION (Give kind of work di rking life, even if retired)					-	onity)	USA	OF WHAT COUNTRY?
# \	13. F	CONSI	gnee	Sin	clair Oil		Maryla Maryla Mother's Maiden i			USA	
* /			ames W. Ba	rnsle	U7	- 1	Myr		1 ++		
	15. W	AS DECEASED EV	ER IN U. S. ARMED FOR	ES? 16. SOCI		7 INFO			Addre	15	
	١.	io, or unknown)	(If yes, give wor or dates of se		known	Mrs	. Hazel	Johns	, Sister	, Olne	y, Md.
			ATH [Enter only one co- ATH WAS CAUSED 8Y. IMMEDIATE CAUSE (c)	· ' ڪِڪ	(a), (b), and (c)-}	500	menin	wile		INT	ERVAL BETWEEN
		Conditions, if	DUE TO	D	2 festus	N	raicAlc	holis	520	,	Years
۸		gove rise to couse (a), stating lying couse lost	the under-								
0	CATION	PART II. O'	THER SIGNIFICANT CON		RIBUTING TO DEATH	BUT NO	T RELATED TO THE TERM	INAL DISEASE	CONDITION GIVE	N IN PART I(o)	P WAS AUTOPSY PERFORMED? YES NO X
	CERTIFIC	On. ACCIDENT WORK CONTRIBUTION FEITHER, NOTIF	AS UNDERLYING A G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCU	RRED. (E	inter nature of injury in	Part I or Part	II of item 18.)		
	MEDICAL	C. TIME OF INJU Have a. 12. p. m.		r 20d. INJUR While at work	Nat while	PLACE	OF INJURY (Home, form, street, office bldg., etc	20f. (City	or town)	(County)	(Stote)
		1. I certify t	hat I attended the	deceased f			, 196 , to	1 8	. 1962	that I last so	aw the deceased
		live on	77 (1262	-, and that de	àth oc	curred at 12/30}	M, From	the causes ar	nd an the do	ite stated above.
	l I,	CTUAL	(1)00	In.	3		50.5	ADDRESS (51	regt, city or town, s	and VO	PATE KIGNED
-1	١.,	ICTUAL IGNATURE HYSICIAN'S	0 H /	100	200	M.D.	Sandy	Spri	ng Mors	land	
	<u> </u>	HAME (Type)	ON, 226. DATE THEREO	F 120	NAME OF CEMETER	V OP C	·		ION (City, town, or		
0		REMOVAL (Specification)			_		ing House			***	(Stote) Maryland
12		INERAL DIRECTO			ADDRESS		24s. REC	D BY REGIST	RAR 24b. REGIST	RAR'S SIGNATU	RE
1	R	obert A	. Pumphre	v. Bet	hesda. M	arv	land DATE	JAN 11	'62 C	a about S. M	ANA



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased | ved, || institution Residence before adm assort) e. COUNTY b. COUNTY MARYLAND Pennsylvania Montgomery b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest fown) write RURAL end give nearest town) Philadelphia Ruikadak Bethesda 5 days d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 824 North Hilton Street YES NO X The Clinical Center, NIH 3. NAME OF DATE Month Middle DECEASED 1962 (Type or print) Edward William Rarth DEATH Jan. ge 5 may be and 2 with 16. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9 AGE (in years | IF UNDER 1 YEAR) IF UNDER 24 HRS. B DATE OF BIRTH last birthdey) | Months March 28, 1922 White WIDOWED [DIVORCED Male 10a. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY, 11 BIRTHPLACE (State or fore on country) 12. CITIZEN OF WHAT COUNTRY? " in pencil in Item 18. Give Pages 1, 2 Office along with form PM3, Page burial-transit permit File pages I and done during most of working life, even if retired) Pennsylvania USA Truck-loader pages | within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Steven Barth Clara Blakelev permit File 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. | 17 INFORMANT Address (Yes, no, or unkown) | (Ifyesgiva war or dates of service) Clinical Center, Medical Record VIVITA 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c)] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: sudden Cardiac arrest and IMMEDIATE CAUSE (e) DUE TO Rheumatic heart disease with Vears Conditions, if env. which gave rise to immediate cause Examiner's (DOUG (a), steting the underlying Cortic stenosis & Mitral insufficiency PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e), 19. WAS AUTOPSY PERFORMED? Died while undergoin, surital anesthesia in preparation for Ř heart surgery. ploods 206 DESCRIBE HOW INJURY OCCURED, (Enter neture of in any in Peri I or Peri II of item 18.) 200 EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. icate, writing to 0 the Chie 20c. TIME OF INJURY Month, Day, Year , 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, 1 20). (City or town) (County) (Steta) factory, street, office bldg , etc.) White No! While at work \ at work prior OR. 21 I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry and in my opinion 2 forwarded to DIRECT Homicide Undetermined manner death resulted from Natural causes Accident Suicide CHIEF MEDICAL EXAMINER and the sease executable towards the should be forward by FUNERAL DISTORMENT or its designated a ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER DEPUT Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY RURIAL CREMATION | 226. DATE THEREOF 22d LOCATION (City, fown, or country) (Steta) REMOVAL (Spacify) ₹40 240 REC'D BY REGISTRAR | 24b. AEGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME Cirthur S. France SM 9/60

AND STATE DEPARTMENT OF HEALTH



00761

re funeral d rector, nauld be filled with

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dea

DEUNERAL DESCROR:

This certificate has been signed by the attending physician and completely filled in page 3 should be detached far use as the buriol-transit permit. Then please remave carbon papers. Pages 1 amithe State Board of Health prior to buriol, cremation, ar removal, and in any event, within 72 haurs after death.

TO FUNERAL DE TO HOSPITAL

VR A15 (4) 1SM 9/59

00756

1, 7	LACE OF DEATH	gomery	MARYLAND		CE (Where deceased yland	lived. If institution b. COUNTY	on: Residence before Montgom	
		(If outside corporate limits, write nearest lawn)	c LENGTH OF STAY IN 16	1100	/N (If autside carpor		URAL and give nec	irest town)
1	NAME OF HOSPI	TAL (If not in hospital, give street cane Street		d STREET ADDR		<u></u>		IS RESIDENCE ON A FARM? YES NO C
1	NAME OF DECEASED (Type or print)	THO LAS	MCIAN	BEALL.	4. DATE OF DEATH	Mon Janua	ry 17th,	*
5. \$	EX Male	% COLOR OR RACE 7 MAR White WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH June 15th,	1877	9 AGE (In years lost birthday) 34 yrs	Manths Days	Hours Min
_	USUAL OCCUPATI during most of wo rpenter (ON (Give kind af wark dane 10b. rking life, even if retired) Retired	KIND OF BUSINESS OR IND	i .	(State or foreign or Spring, N		12 CITIZEN O	F WHAT COUNTRY? A
	FATHER'S NAME Cornelius	Beall		14. MOTHER'S MA	O Connor	•	•	
	WAS DECEASED EV., no. or unknown) NO			ilbur T. Be	all, 9209	Saybroo		il.Sp., Md
	Candit ans, figave rise to cause (a), stating lying cause last.	immediate DUE TO	Ortenose	lensis	mbos	<u> </u>		7,
CERTIFICATION		THER SIGNIFICANT CONDITIONS	rectansion				PART 1(a)	9 WAS AUTOPSY PERFORMED? YES NO [2]
	200 ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	AS UNDERLYING 1 200 DES G CAUSE OF DEATH Y MEDICAL EXAMINER]	SCRIBE HOW INJURY OCCURI	ED (Enter nature of in	jury in Port I ar Pori	t (I of item IB)		
MEDIC AL	20c. TIME OF INJU Haur a m, p m		s Nat while	PLACE OF INJURY IHam inclury, street, affice blo	te, form 20f. (City dg., etc.)	or town)	(County)	(State
		at (1) (this hospital) attendated alive an I la Jan	ded the deceased from		MED DIRECTOR D	ad "//		oat (1) (we) las stated abave 22b. DATE 5 GNET
	22c PHYSICIAN'S NAME (Type)	William D. A	aud	22d ABDRES	Colesvill r Spring,	e Road,		
	Purial	1/19/1907	23c NAME OF CEMETERY George Wash	or crematory ington Ceme	23d LOCAT	rion (City, town, s s Rd. Exct	d. Hyatt:	sville Mo
	FUNERAL DIRECTO	r's signature 's, Inc. Silver	Spring Md.		o. REC'D BY REGIST		- 1 -	



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH **10762** I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if just tution; Residence before edmission) A. COUNTY **b. COUNTY** MARYLAND MONTGOMERY MARYLAND MONTGOMERY b. CITY OR TOWN (if pulsade corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) write RURAL and give nearest town) APROX. 11 HRS DINEY GAITHERSBURG d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 🗔 Box 307 GENERAL HOSPITAL MONTGOMERY 4. DATE Middle Year Month DECEASED OF (Type or print) DEATH and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER TYEAR IF UNDER 24 HRS last birthday) Months WIDOWED W DIVORCED USUAL OCCUPATION (Give land of work 10b. KIND OF BUSINESS OR INDUSTRY FI. BRIHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. RETIRED PENNSYLVANNIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ELLEN RICHEY GEORGE W. BEERS ᇻ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Hyes give war or dates of service) HOSPITAL RECORDS 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, BILATERAL BRONCHOPNEUMONIA. With abscess days IMMEDIATE CAUSE (e) DUE TO Arterio sclerotic heart desease if eny, which yrs. deve rise to immediate cause DUE TO (e), stelling the underlying cause last. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY TON PERFORMED? ARTERIOSCLEROTIC HEART DIBEASE. 20s. ACC.DENT WAS UNDERLYING | | 20b. DESCRIBE HOW NIURY OCCURED, (Enter neture of injury in Pert I or Pert II of tem 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, Month, Day, Yeer 20f. City or town! factory, street, office bldg , etc.) While Not While Hour e.m. at work et work 21. I certify that (1) (this hospital) attended the deceased from......1/3/621:30A 1./4/62...... 19....., that (I) (we) last saw the deceased alive on. 1/4/62........19......, and that death occurred at.......M, from the causes and on the date stated above. 22n. SIGNATURE 22b. DATE ō ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D 22d. ADDRESS 22c. PHYSICIAN S NAME IType BROSCHART. M.D. GAITHERSBURG. MARYLAND 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) O.F.S urla Hamost. 251. REC'D BY REGISTEAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS YR A15 (4) 15M 7/61 DATE

RYLAND STATE DEPARTMENT OF HEALTH



. 1	MARYLAND STATE DEPARTMENT OF HEALTH
G-33	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	10763 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01988
HEALIH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if inst lution: Residence before admission
Page es.	maryland state me b. county maryland
PA E E Pa	b. CITY OR TOWN (if outside comporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside comporate limits, write RURAL and give searcht lown)
5 6 9 9 7 1 A 1	OWING RURAL and give needs town) G 4400 C for a Common Com
Sarah Sarah	d. NAME OF HOPPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS.
	6919 Strathmore St 6919 Stratmore St VES NO DE
Star fer a	3. NAME OF first Middle Last 4. DATE Month Dey Year
Ha the	(Typa or print) Levras A. Boutley DERTH Jun 3/ 1962
事業の	5. SEX MALL S. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BRTH 9. 19. AGE IT YOUR 1 YEAR IF UNDER 24 HRS.
and may	WIDOWED DIVORCED 12-27 Best birthday) Months Days Hours Min.
affe 22,24	10s. USUAL OCCUPATION [Give kind of work done during most of working life, even if retired] 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY
urs Pag 1 a	Col 11 & C Role O Role O PC
A3.	13. SATHER'S NAME
2 2 3	GEORGE H. BENTLEY
温の見る	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address
Na it is a	Yes WW 1 & 2 Yes Unknow H Bottle (117)
o y ¥ € E	18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c).]
exe sil iii	PART I DEATH WAS CAUSED BY, IMMEDIATE CAUSE (0) Caronary Ochleson ONSET AND DEATH Scrattle
Se	4-3 0 DUE TO
P F S S S S S S S S S S S S S S S S S S	Conditions, if any, which (b) arteri Schroses
sa sharren	gave rise to immediate cause (a), stating the underlying DUE TO
icale andi ion ine ion	cause last. (c)
Sxar fion sxar	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 11-0) 19. WAS AUTOPSY PERFORMED?
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T : T	206. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.
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Chiri-	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20t. [City or town] (County) (State) Hour a.m. While Not Whila fectory, street, office bidg., etc.)
A Party of the Carty of the Car	p.m. 19 at work at work
g 5 0 g	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
Serting ded ent,	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner .
TEDI orwar orwar forwar ted ag	CHIEF MEDICAL EXAMINER .
for for atte	SIGNATURE FRANK I DIECE KRUT M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
DEPUT Should be for should be for FUNERAL r its designate	EXAMINER'S 13 1/4 - 2/2
Sold Sold Sold Sold Sold Sold Sold Sold	NAME (Type) NAME (Type) Address (Streat, c.ty, town, or county) 22a, BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 15tate 15t
O DEI	REMOVAL (Specify)
H 4 H 0	Burial 2/5/62 Arlington Nat. Cem Arlington Virginia ADDRESS ARBORESS REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
VS. AISME	Robert A Pumphyor Rothondo Monviland CER 7 100
5M 9/60	Robert A. Tumphrey, Dechesua, Marytand Date 120 1 02



(G) 1	MARYLAND STATE DEPARTMENT OF HEALTH
FOR CTATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
TUK DIME	
· HEALIN DEC.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed hived, if Institution: Residence before admission) e. COUNTY a. STATE b. COUNTY
See	Montgomery b City OR TOWN (if ourside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if ourside corporate limits, write RURAL and give nearest town)
director. Programmer your file	Chevy Chase d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RES DENCE ON A FARM?
function of the saint of the saint.	6807 Connecticut Avenue 6807 Connecticut Avenue YES NO ST
th. If an the be ret the the the the the the the the the t	Color Or RACE 7. MARRIED NEVER MARRIED 5. DATE OF BIRTH 9. AGE (in years of Under 1 YEAR IF UNDER 24 HRS.
er dea and 3 may 2 wit	Male White WIDOWED DIVORCED Dec. 27, 1892 69 yrs. O 8 Hours Min.
Page	106 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Engineer Retired Kentucky 12. CHIZEN OF WHAT COUNTRY? USA
PM3.	Unknown 14. MOTHER'S MAIDEN NAME Unknown
within 18. Girls for the factor of the facto	15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16. SOCIAL SECURITY NO.1 17. INFORMANT Address Bethesda, Md. [Ifyesg.vewerordetesofservice] Yes WW 1 Yes-Unknown Mrs. Browning-Step daughter
ecuted in Irem ng with	18. CAUSE OF DEATH [Enter only one cause par line for [e], (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
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should soff in) soff in) a buri	Conditions, if eny, which (b) 1-32 2nd 3 diagree from surviving gove rise to immediate cause Due TO
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his cerivord " cal Ex d be u	YES NO Z
TER: T g the v if Medi shoul rrial, a	
A Chie	20c. Time OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (Stole) While Not While at work of the story, street, office bldg., etc.) Street, Office bldg., etc.)
Drior	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and if my opinion
Certificant Sent,	death resulted from. Natural causes, Accident, Suic de, Homicide, Undetermined manner CHIEF MEDICAL EXAMINER
EDIC Forward I DIRE	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER A
DEPUTY should be for FUNERAL its designant	EXAMINER'S NAME (Type) FLANK J. BASChart Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
CODEP Please 4 should CO FUN	Burial 1/6/62 Parklawn Cemetery Rockville Maryland
VS. AISME 5M 7/S9	Robert A. Pumphrey, Bethesda, Maryland DATE JAN 8 '62 Common & Thomas



X 1		MARYLAND STATE DEPARTMENT OF HEALTH	
Ch.		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
		CERTIFICATE OF DEATH	0.0250
E SENA	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions	Residence before admission)
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\$ 4 A	-	b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 1b c, CITY ON TOWN (if outside corporate limits, write RURAL er	one _
A Yes	_	b. CITY OR TOWN (if outside corporate limits, write RURAL e., CITY ON TOWN (if outside corporate limits, write RURAL e., write RURAL end give nearest town)	of give neerest town)
fer in 2		lakoma tark 5days Queenstown	X
塩 1 70	١.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
<u>≯</u> × 5		Name of Deceased Last A DATE Month	YES NO 🖸
15 mm	3.	NAME OF Last 4 DATE Month DECEASED	Day Yeer
mpl mpl		(Type or print) William Harrison Bishop DEATH January	26 1962
9 8 8 <u>4</u>	, 5	SEX 6. COLOR OR RACE MARRIED PROJECTED MARRIED 1 B. DATE OF BIRTH 19. AGE (In years IIF UNDER	
	3 A	Vale Wishites WIDOWED TO DIVORCED TO TO TO THE TOTAL MONTHS	Days Hours Min.
ale of all of of	10	Da. USUAL OCCUPATION (Give kind of work 19th, KIND OF BUSINESS OR INDUSTRY) 11 BIRTIED Add (County & Siete or foreign requestry) 12. C.	TIZEN OF WHAT COUNTRY?
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cer or re		Ised Car Business Haryland U	_S, A.
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하 글로		William Bishop I Florence Harrison	
the hen he		5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (es, po, or unknown) ((Ifyesgivewerordetesofservice))	1.0
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d b Per p		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) [Illustracing Coloura)	dermunel
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¥ Land		Conditions, if any, which a let a Coranary Cellusion	Hears
a in Signature of the s		gave rise to immediate cause	
atte as the second of the seco		cause lest (c) Cente Caronary Reclassion	2 days
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NO THE PERSON OF	ADICA.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, '20f. (City or fown) (Con Hour a.m. While Not While Not While Hour a.m.	unty) (Slate)
De la	Z Z	p,m, 19 el work el work	
S S S		21. I certify that (I) (this hosquel) attended the deceased from fact. 21, 1962, to fact 76, 19	that (I) (we) last
F 8 5 E 6		saw the deceased alive on. Jan 23 142, and that death occurred aff Q.M., from the causes and on	the date stated above.
Stat		22e. SIGNATURE 1	, 22b. DATE
OECE		ATTENDING MED. STAFF	1/2-6/4 SIGNED
94		22c PHYSICIAN'S 22d ADDRESS	1 100
Taga 2		NAME (Type) Robert A. Have MD. 7600 Carroll Que, Ti	PK Md.
S C C C C C C C C C C C C C C C C C C C		BURIAL, GREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d TOCATION (City, fown or coun	(9)
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Daga ~	_	There so I to I there was a second	May Laux
VR A15 (4)	24	THINERAL DIRECTOR'S SIGNATURE ADDRESS C 250. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
15M 7/61	1	Land M. Donland J. J. James Jan 31 165 Cilling &	Krong -
1,	-		



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00766 funeral should 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY Haryland Hontgomery MARYLAND 25 b CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Silver Spring Jilver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS 2314 Column Drive 2314 Colston Drive NAME OF 4. DATE Middle DECEASED DEATH (Type or print) Cephas Edcan Bittinger 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED AGE (In years) IF JNDER 1 YEAR 5. SEX 8. DATE OF BIRTH last birthday) | Months and Male Whi te June 13, 1888 WIDOWED T DIVORCED raffending physician a Then please remove cover, wal, and in any event. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY II, BIRTHPLACE (County & Siate, or foreign country) done during most of working life, even if retired) U.S. Gov't Chambersburg, Penna. Retired-Internal Rev. 3 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Joseph Bittinger Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) Inez P. Bittinger 2314 Colston Dr. Sil Sp Md Yes World War I 18. CAUSE OF DEATH (Enter only one cause per line for (a , (b), and (c).) PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUF TO Conditions, if any. (6) gava rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY CERTIFICATION 20s. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY Home, form, 20c. TIME OF INJURY Month, Day, Year factory, street, office bidg., etc.) Not While While Hour a.m. al work at work 21. | certify that (I) (this cospital) attended the deceased from..... 19.6.2 and that death occurred at 2.3 Months should saw the deceased alive on., DIRE 3 shoul 22a SIGNATURE ATTENDING. MED DIRECTOR FUNERAL 22 d. ADDRESS 22c. PHYSIL filled y 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 2-1-52 Arlington National Cem Arlington Burial

0 VR A15 (4) 15M 9/60

executed within 24

death

20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part It of Item 18.)

20t. (City or town)

the causes and on the date stated above.

> STAFF PHYS.

(County)

23d. LOCATION (City, town or county)

(Stata) Virginia

24 FUNERAL DIRECTOR'S SIGNATURE

Deal Funeral Home

ADDRESS 4812 Ga.Ave., N.W., Wash, DC

25a. REC'D_BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

b. COUNTY

Month

January

Address

Iont omerv

30

Days

a. IS RESIDENCE

1962

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? NO

(Stata)

12. CITIZEN OF WHAT COUNTRY!

U.S.A.

ON A FARM? YES NO X







RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND 00767 funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution: Residence before admission) COUNTY b. COUNTY MARYLAND CITY OR TOWN (if outs de conforate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL and give pearest lown) oma d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Month DECEASED OF (Type or print) DEATH 1962 9. AGE (In years | IF UNDER I YEAR! IF UNDER 24 HRS. 7. MARRIED X NEVER MARRIED lest birthday) Months WIDOWED please remove USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 0110 manu 13. FATHER'S NAME MOTHER'S MAIDEN NAME SOCIAL SECURITY NO. 17. INFORMANT U.S. ARMED FORCES? Address (If yes give were r dates of service) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(B), 19. WAS AUTOPSY GRIFICATION **PERFORMED?** NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of many in Pert I or Pert II of Item 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work p.m. 23..., 1964, that (I) (we) last saw the deceased alive on 19 ..., and that death occured at 7.24M, from the causes and on the date stated above. 22e. SIGNATURE 22b. DATE ATTENDING. MED. SIGNED V DIRECTOR PHYS, 22d. ADDRESS ector, 23a, BURIAL, CREMATION, 23d. 0 250. REC'D BY REGISTRAR 296. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S YR A1S (4) 15M 7/61



I		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 V	/. PRESTON STREET, BALTIMORE 1, MAI	RYLAND
(NA)		00768 CERTIFICATE OF	DEATH	00262
LIVI		LAGE OF DEATH 2. USUA	L RESIDENCE (Whore decoased lived, it institution, Reside	nce before admission)
	'	0.3tA	те ь. county rginia Fairfax	1
death,		. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 16 c. CIT)	OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
\$ 11		(Rural) Bethesda 15 minutes	Fairfax 7 x	2
# 21			EET ADDRESS	IS RESIDENCE
$\frac{1}{2}$		U.S. Naval Hospital, NNMC	20 Norman Avenue	YES NO
ř		IAME OF First Middle La	741	Year
4		ECEASED [ype or print] Goerge Oliver Bot	OF DEATH TOWNS OF	10 60
	5			19 62 IF UNDER 24 HRS
ıt, wathi			last birthday) Months Days	Hours Min.
ent,	10a		PLACE (County & State, or foreign country) , 12. CITIZEN	, PRINT COUNTR
8	dor	during most of working life, even if retired)	IFFACE (County & State, or foreign country)	or what could's
an)	12		nsylvania USA	
.⊑	13.	14. MOIN	er's Maiden name	
E S			gie Broscious	_
<u></u>	(Yes	WAS DECFASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMAN no, or unknown) [(Ifyesgive war or dates of service)	IT Address	Va.
Ş Ş		Yes 225-52-5362 Wife-Chr	istine M. Botts, 20 Norman A	lve.,Fairi
Te.		8. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).		TERVAL BETWEEN NSET AND DEATH
ō		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6, 1/ 40 Craces Linguis	Tion	4 hus
E		CHILD ROUETO MAN		,
RE		Conditions, if any, which (b)		6 yrs
5	Н	gave rise to immediate cause (a), staling the underlying DUE TO		,
Tion I		cause last.		
3	Z	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a	
	CERTIFICATION			PERFORMED?
.5	똩	On ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter natur	e of injury in Part I or Part II of Item 18)	286
£		DR CONTRIBUTING [] CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)		
60	3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY		(State)
<u>`</u>	WEDK	Hour a.m. While Not While fectory, street, of	fice bldg., etc.)	
ti.	1 ~ I	Print 19 1	1970	0 0 7 1
<u>م</u>		21. I certify that (X) (this hospital) attended the deceased from20Ja	musty 1x52" 10" SO" 18Dusty 6S	that MI) (we) to
tate		saw the deceased alive on 20 January 1962,, and that death oc	cured at(2.40), 140th the causes and on the c	
0		220. SIGNATURE ATTEN		22b. DATE SIGNI
で モ	2.mm	M.D. PHYS.	DIRECTOR PHYS. X) January
I		NIA SAP (True-)	J.S. Naval Hospital, Bethesda	Mawylay
3				
E	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATE	ORY 23d, LOCATION (City, lown or county)	(State)
ă		Burial 1-23-62 Arlington National	Arlington, Virgi	inia
[4] [1	24	UNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b REGISTRAR'S SIGN	
		Everly Funeral Home, Fairfax, Virginia	DATE JAN 23 '62 Contact 2	



ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00769 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If Institution: Residence before admission) a. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outlide corporate limits, C. LENGTH OF STAY IN 16 write RURAL and give heerest town davs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) a. IS RESIDENCE ON A FARM? YES NO X NAME OF Middle DECEASED (Type or print) DEATH 6 COLOR OR RACE 7, MARRIED [X] NEVER MARRIED [9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and Carte last birthday) Months White WIDOWED [DIVORCED . 10a. USUAL OCCUPATION (Give kind of work 105, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Steller, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Sheet Metal Company 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT (Yes, no. or unkown) , (if yes a vewer or dates of service) 18. CAUSE OF DEATH [Enter only one cause per ine for e), (b), end (c) INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO geve rise la immediate cause **DUE TO** (e), steting the underlying PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(* 19, WAS AUTOPSY PERFORMED? DESCRIBE HOW INJURY OCCURED, (Enter nature of an ury in Part I or Part II of Item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Ysar 1 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete) factory, street, office bldg., etc.) Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from 195 4 to 100 last 19.6.3 and that death occured at 7.2M, from the causes and on the date stated above. saw the deceased alive on., 220 S GNATURE 225. DATE ATTENDING S.GNED FUNERAL rector, page 3 filed with the PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Seruch T. Kimble, M.D. 236, BURIAL, CREMATION, 235 DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) O 1-4-62 Gate of Heaven Cemetery Silver Spring 8434 ADDRESS Georgia Avenue25. REC'D BY REGISTRAR | 256 REGISTRAR'S SIGNATURE VR A15 (4) 15M 7161 Spring.Maryland DATE IN Pumphrey



1/2 1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
- T	Λ.	00770 CERTIFICATE OF DEATH
# 5 P	ソ	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution; Residence before admission
\$ 4 P		Montgomery Maryland D.C. b. COUNTY
A P S T S T S T S T S T S T S T S T S T S		b. CITY OR TOWN (If outside corporate limits. I.c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
24 1 by		Wr to RURAL and give neerest lown) Lensington 11/6/61 to 1/19/62 Washington 4/A
His day	90	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE
	, 0	Kensington Gardens Sanitarium 1311 Madison St. N.W. YES NO V
ed tely ers.	1	3. NAME OF Month Day Year
ded by 1	i)	DECEASED (Type or print) Katharine E. Bowman DEATH January 19 19 62
e po	•/	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH . 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
and carb		female white wipowed Divorced 10/30/1884 77 yrs. Months Deys Hours Min.
care lan ve c		10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign (suntry) 12. CITIZEN OF WHAT COUNTRY
ysici y sici		Library of Congress U.S.Govt. New Jersey U.S.A.
1 C C C C C C C C C C C C C C C C C C C		13. FATHER'S NAME
eath ding		George Bowman Louisa P. Cook
tend		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) ([Yasguvewarordatesofservice)]
at the at The The		Sanitarium Records
다. 다. 그는 다. Tell Hitch		18. CAUSE OF DEATH [Enlar only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND BEATH
Sich d b Peri		PART I. DEATH WAS CAUSED BY: My O Caroliel Medicilion Let Hours
Phy Phy gne ion,		DUE TO O
ing ing trac		Conditions, if any, which (b) Colonary Thrombosis Thousand
Page 1		gava rise to immediate cause (a), stating the underlying DUE TO
has has be bu		causa last. (Oronary 5 clevais 2/R5
ste of the state o	1	PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. YAS AUTOPSY PERFORMED?
Spits Fife Figure 2		₹ NO T
Price of the price	;	PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH DESCRIBE HOW INJURY OCCURED. (Enlar nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH DESCRIBE HOW INJURY OCCURED. (Enlar nature of injury in Part I or Part II of item 18.)
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fer for Hear		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a PLACE OF INJURY (Homa, farm, '20l. (City or town) (County) (State) Hour a.m. While Not White at work at work at work at work
A stellar		Hour a.m. While Not While story, street, other blogs, etc.)
5 2 5		21. I certify that (I) (the hospital) attended the deceased from PUT. I., FM, 19 to Jan. J. J. hat (I) (and) la
A N S 등 a		saw the deceased alive on. Jan. 1.71961., and that death occurred at 6
Short Start		228. HIGHATURE ATTENDING MED. STAFF / / 22b. DATE
T Section of the sect		M.D. PHYS. DIRECTOR PHYS. 1/1/62
Page Page Page with	1	224 PAYSICIANS NAME (Type) LI - 24 - 5 CI - T - TO 1 25-2 Column D. D. WIAL Wins
HOSPIJ th. Pag FUNER ector, pë filed wi	1	HORACE H CUSIIS JE 1832 GOIGMDIO RCI MW WAS
Fu File		236. BUR AL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stayo)
52527		Rock Creek Cemetery Washington, D.C.
VR A15 (4)		24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.C. 25b. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE The S. H. Hines Co. 2901 1/th St. N. Wash pare IAN 22'62
15M 9/60		The S.H. Hines Co., 2901 14th St.N.W. Wash DATE JAN 22'62 And R. Hims



00771 **CERTIFICATE OF DEATH** Reg. Dist. No. 7 6 5 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) D COUNTY 6 COUNTY Z MARYLAND b. CITY OR TOWN (If Journal corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? shod Ke YES NO.P NAME OF First Middle 4. DATE Lost Month Doy Year DECEASED OF DEATH (Type or print) 196 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. 6GE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months WIDOWED IT DIVORCED I 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Own Home Housewi fe Carelina 13 FATHER'S NAME Wilkerson Wallace Martha Kelly 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (If yes, give wor or dates of service) No None 18. CAUSE OF DEATH [Enter only one couse per line for (q), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE GAUSE (6) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO-SY PERFORMED? YES NO I 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED [Enter noture of injury in Port I or Port II of item 18.] 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d, INJURY OCCURRED (County) (Stote) Hour o. m. factory, street, office bldg., etc.) While Not while of work □ p. m. 21. I cortify that I attended the deceased from ITUS 19_____that I fast saw the deceased and that death occurred at 51 2 M, from the causes and on the date stated above. alive an ORESS (Street, city, or town, stote) ACTUAL SIGNATURE Sandy Spring PHYSICIAN'S John P. Martin, M.D. NAME (Type) 220. BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Arlington Nat'l. Cemetery Jan.4.1962 Arlington Buria: 23. FUNERAL DIRECTOR'S SIGNATURE... Silver Spring, 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Lucian L. Thomas VS A15 (4) DATERN 4 Md. 8434 Ga 15M 10/57 AUP \$ ind.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) a. COUNTY b. COUNTY Mont gomery Maryland Montgomery MARYLAND b. CITY OR TOWN (if outside corporele ..m.ts, c. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Silver Spring vears Silver Spring d NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, g va street address d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 11.504 Love joy Street 11.504 Lovejov Street YES NO X 3. NAME OF Middle DECEASED (Type or print) Marv Braun DEATH January 62 Agnes 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years [IF UNDER 1 YEAR) IF UNDER 24 HRS. Jast birthday) Months | Days Dec. 30. 1890 female WIDOWED XX DIVORCED T physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE County & Slete, or foreign country) 12. C TIZEN OF WHAT COUNTRY? Housewife even if retred) U.S.A. Own home Kentucky 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME '.⊑ Joseph Unclebach Agnes Lewis ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT Address Spring. Md. (Yes, no, or unkown) (Ifyesgivewerordalesofservice) 3799 Robert F. Wilbert 11,504 Love joy St. Silver 18 CRUSE OF DEATH [Enter only one cause per I no for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY CARDIAL INFARCTION IMMEDIATE CAUSE (e) DUE TO ERIOSCLEROTIC HEART DIS 70 Conditions, if any, which (b) 60 gave rise to immediate cause LOV DUE TO (e), stating the underlying ERTENSION ceuse test. D. p. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(18) 19 65 PERFORMED? NO SE ਨ 20b DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert I or Pert I, of tem 18 20a ACCIDENT WAS UNDERLYING TO 65 OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 口 20c. TIME OF INJURY Month, Day, Yeer 20d INJURY OCCURRED 20e, PLACE OF NIJRY (Home, ferm, 20f. (City or town, (County) 63 fectory, street office bldg., etc.) 댎 While Not White Hour a.m. et work et work p.m. إسره 19 0 21. [cartify that (I) (this hospital) attended the deceased from... to 19 a. ... and that death occurred at 8:09 M. from the causes and on the date stated above. saw the dedicated alive on 22b. DATE 22a. SIGNATURE نه ATTEND NG S GNED On DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 10,620 Georgia Ave. Silver Spring, Md. David Soldenberg 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 23a, BURIAL, CREMATION, | 23b. DATE THEREOF (Stete) REMOVAL (Specify) OFB Gate of Heaven Montgomerv Maryland Burisl 24 FUNERAL DIRECTOR'S SIGNATURE TO ADDREGEOrgia Ave. 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Warner E. Pumphrey. Silver Spring, Md. JAN 2 9 '62' The & Hours 15M 9/60 DATE

requires that

RTMENT OF HEALTH



1	110)	MARYLAND STATE DEPARTMENT OF HEALTH	
1 /		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	, MARYLAND
- ED	2	CERTIFICATE OF DEATH	00767
affe affe		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased leved, if institution	n: Residence before edmission)
6 KI F	M	Manyland Manyland b. County	
# P 3		MARYLAND b. CITY OF TOWN it outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OF TOWN to outside corporate limits, write RURAL	end give neerest town
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thin led	17 "	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street edgress d STREET ADDRESS	, e. IS RESIDENCE
ately full	1 ~	Washington Sanitarium ed Hospital 7504 Jackson Ave.	ON A FARM? YES NO Year
acul pap		DECERSED AN T	1 1962
9 0 u		S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE UN YESTS IT UND	
2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		M / set birthday) Month	
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rtific rsici		done during most of working life, even if retired)	1
phy are re		Ketired-Goult Employee District of Columbia	_U,5, H, _
ing leas		John Breen Margaret Proney	
e d hend an p		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT	_
t th The The		(Yes, No, or unkown) [Ifyesgive werordates of service]	as in the 1 Pagements
in the real section of the section o		No Washington Janitarium and H	INTERVAL BETWEEN
ires sicia d by perm		PART I, DEATH WAS CAUSED BY	ONSET AND DEATH
sit p		IMMEDIATE CAUSE (0) Myestive (Hart Tailure	2 WK5
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e la andi bear rial- cres		Conditions, if any, which and Bilateral pulmonary atalectasis with A	yanochorage
atte last last last last last last last last		(a), stelling the underlying DUE TO Diabetes, Circhosis of the lu	
IN:	3		ART 1(a) 19 WAS AUTOPSY
CIL Pita ifica ifica s as	de	B B 1-0041	PERFORMED?
YSI hos cert use		PART IF OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P BUNCHES CONTRIBUTION OF CONTRIBUTION	AES NO
PH his for		OR CONTRIBUTING CAUSE OF DEATH	
bed to			County) (State)
of To		Hour e.m. While Not While fectory, street, office bldg., etc.)	1300
D S S			12 (0 (0
P S D D O		21 certify that (I) (this-hespite) attended the deceased from configuration, 19 of, to familiary , saw the deceased arive order - 3 (. 19.6 / , and that death occurred at 5.5 M, from the causes and o	19.9% that (I) (****)_last
RE Hou		saw the deceased alive on the causes and o	n the date stated above. 22b. DATE
O E O		ATTENDING. MED. STAFF	SIGNED
- 18 4 8 E	é	22 PHYSICAN DIRECTOR PHYS DIRECTOR PHYS DIRECTOR PHYS DIRECTOR DIR	TAN. 1,1962
N D D D		BELDEN R. REAP WHEATON MARYL	AND
Figure 1		238 BURIAL, CREMATION, 236 DATE THEREOF, 1236 NAME OF COMETERY OR CREMATORY 23d. TOCATION C. IV. 10 Photo of Cometers of Comet	unty) (Stafe)
7 4 0 4 0		REMOVAL Spoker VIM 3. 1962 Gloring Washington Consider (Acoustic Part	La. Co. mil
VR AIS 4)		24 FUNERAL DIRECTOR S SIGNATURE APPRESS, 25a REC'D BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE
15M 7 61		Out to letter = mile. I Met 1 1/2 / 20 100 2 100	
		The hour walles 257 Carrel of Ully Wash Ribije JAN 3 62 1 Outling	A. Kinas
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PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmiss on e. COUNTY a. STATE **b.** COUNTY Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give necres) town) write RURAL and give nearest town? Washington Bethesda (Rural 12 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 5510 39th Street YES TO NO 12 U. S. Naval Hospital NAME OF Middle 4. DATE DECEASED OF (Type or print) Reed Bried Alice DEATH 19 62 January 5. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years of UNDER 1 YEAR) IF UNDER 24 HRS. 8 DATE OF BIRTH last birthday) | Months Caucasian WHOWED (X) Female. DIVORCED IOs. USUAL OCCUPATION (Give fund of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA New Jersey Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2, Ellen F. Sullivan Thomas G. Reid 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) | (Ifyes give war or detes of service) FATHER: Thomas G. Reid. Same as #2 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (6) pave rise to immadiate cause DUE TO (a), stating the underlying causa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTING TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III) 19. WAS AUTOPSY MOLLA PERFORMED? 2 8 YES X NO CENTIFIC. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part Lor Part II of Jam 18.) 20s. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 1 20f. (City or fown) (County) (State) factory, street, office bldg., etc.) Hour e.m. While Not While at work at work 19. .62 and that death occured at 0:55 PMm the causes and on the date stated above, saw the deceased alive on. Jan. 8.1. 22a, SIGNATURE 22b. DATE 1962 ENE DIRECTOR PHYS. X January 9. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) U. S. Naval Hospital, Bethesda, Md. G. LINAWEAVER. LCDR MC USN 234 BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, lown or county) (Stete) REMOVAL (Specify) ÷ 28 Arlington National Arlington, Virginia Rurial 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a, REC'D BY REGISTRAR 25b, REG STRAR'S SIGNATURE VR A1S (4) Children L. France 15M 7/61 Hanlon Funeral Home, 4748 Wisconsin Ave, NWATE

MARYLAND STATE DEPARTMENT OF HEALTH

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	Į.	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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after none	٦	PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed kived, If institution; Residence before admission)
\$ 0.39 V		Montgomery MARYLAND Florida 6. STATE 6. COUNTY
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d in 1		(Rural) Bethesda 4 days Green Cove Springs 4 1 1
idi.	4	d NAME OF HOSPITAL OR INSTITUTION (if not in hospile, give street eddress) d STREET ADDRESS e. 15 RESIDENCE ON A FARM?
A P S S S S S S S S S S S S S S S S S S		U. S. Naval Hospital Orangedale Route YES NOK
cuto pleting 72		MAME OF First Middle Les? 4. DATE Month Day Year DECEASED OF
e e e e e e e e e e e e e e e e e e e		(Type or prin') Kevin Lowell BROADWATER DEATH January 29 1962
ad hind will		last birthday) Months Days , Hours Min
ate in a e co ent,		Male Cauc WIDOWED DIVORCED NOVEMBER 7, 1961 yrs. 2 22
tific sicië mov y ev	- [done during most of working life, even if relired)
ith cer ig phy ase re in an	-	IKingsport, Tenn. USA G. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
dea ple and		Lowell Howard BROADWATER Margaret KILGORE
the atte hen ral,		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Hyes give we rardetes of service)
hit He		No (Mother) Margaret Broadwater, Nickelsville, Va
by by r		18. CAUSE OF DEATH [Enter only one cause per une for ,e), ,b), end (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE DE L'OT VEITTE / / LETT LISEASE PUMPITATION A fres/A 10 We KS
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iffice as of a second	2	YES X NO
cer cer		2 2De ACCIDENT WAS UNDERLYING . 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.)
at his	- 1	OR CONTRIBUTING () CAUSE OF DEATH () (IF EITHER, NOTIFY MEDICAL EXAMINER)
Me specification of the specif		20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State) Hour a.m. While Not While fectory, street, office bldg., etc.)
de fr		Hour a.m. White Not White etwork at work
Dept.		21. I certify that M) (this hospital) attended the deceased from 25. January 1962. to 29. January, 182., that the (we) last
Pin		saw the deceased alive on 29 January . 19,62 ,, and that deeth occurred 41.35 W from the causes and on the dete stated above
OR O		22% SIGNATURE 226. DATE SIGNED STAFF SIGNED
1 8 E		ATTENDING MED STAFF PHYS. Director PHYS. X Jan. 30, 1962
Pag ERA With	/ [JAMES L. BEEBY LT MC USN U. S. Naval Hospital, Bethesda, Md.
HOSPI ath. Pa FUNE ector, p	۱,	236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stete)
Pero Pero	1	REMOVAL (Specify)
VR A15 (4)		
15M 7,61		R.A. Pumphery Funeral Home 7557 Wisconsin Ave DATE FEE 1 '62 Curtury & Kings
	,	71 7 1



EET. BALTIMORE 1, MARYLAND OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) e. COUNTY a. STATE **b.** COUNTY b. CITY OR TOWN if outs de dorporate limits, write RUMAL and give nearest lown) Zavia 2 M C/ / ONTO MPZ 4 CITY Of TOWN (If outside corporate limits, write RURAL and give nearest town) INCOME STATE e. LENGTH OF STAY IN 16 0 NAME OF HOSPITAL OR INSTITUTION (if not in hospile, give street address) ADDRESS . IS RESIDENCE ON A FARM? NO N YES 🗔 NAME OF 3 DATE Month DECEASED OF (Type or print) DEATH 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF AGE (In years | IF UNDER 1 YEAR IF UNDER last birthday) Months Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Ti, BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) 2 0 KSMEN Than please 13. FATHER'S NAME 14. MOTHER S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED TORCES? SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) hospital or attending physician. certificate has been signed by the 1050 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) INTERVAL BETWEEN ONSET AND/DEATH PART I. DEATH WAS CAUSED BY. 2 his IMMEDIATE CAUSE INIC Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause last. PERFORMED? NO 200 ACC DENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH 20d, INJURY OCCURRED | 20e PLACE OF INJURY (Home, farm, 20f (City or town) (Stete) 20c. TIME OF INJURY Month, Day, Yeer (County, factory, street, office bldg., etc.) While Not While Hour a.m. at work at work p.m. 19 lo. 190 that (I) (we) last saw the deceased alive on........ ... and that death occurred a A. M. from the causes and on the date stated above ATTENDING . DATE SIGNATURE SIGNED DIRECTOR PHYS. director, page be filed with the FUNE 220 PHYSIC AN'S 22d. ADDRESS (Type) NAME NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, Jown or county, (State) BUR AL, CREMATION 236. 25a, REC'D BY REGISTRAR , 25b, REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) FUNERAL DIRECTOR'S SIGNATUR 15M 7/61

The law requires that the death certificate

After this

DIRECTOR

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shauld be filled PMYSICIAN: The law requires that the death certificate be executed within 24 hours after dea this certificate has been signed by the attending physician and campletely filled ir use as the burial-transit permit. Then please remave carbon papers. Pages 1 page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. al ar attending physician RECTOR: TO HOSPITAL TO FUNERAL

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 77 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b COUNTY

Berkeley

	1. 6	. COUNTY	MARYLAND	o. STATE	b COUNTY	ign: Resignice Delote Commission)
\		Montgemery		10. V <u>1</u>	,-	Berkeley
1	- 1	b. CITY OR TOWN (If outside corporate limits/ write RURAL and give negrest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or	itside corporate limits, write i	RURAL and give nearest town)
1	4	ensinaton		Martin	sburg	85 X · 3
ē		d NAME OF HOSPITAL (If not in hospital, give street	addrens	d STREET ADDRESS		e IS RESIDENCE ON A FARM?
	1	ensination Gardens	5 Janiterium	15.115	68 47W.	YES NO K
Ī	3 1	NAME OF First	Middle A	Last	4. DATE Mg	nth Day Year
		OFCEASED (Type or print) FEEDLE	Bollo (2	-nonton	OF DEATH /	16 1962
11	S. S	7 , -,,,,,,	RIED X NEVER MARRIED	8 DATE OF BIRTH	9. AGE (In years	
<i>A</i>	0	F (1) WIDOW		12 No 16	lost birthday)	Months Days Hours Min.
· }	1/\0		<u> </u>	L DEC 18	2 60 75 Yrs	12. CITIZEN OF WHAT COUNTRY?
- 1	100	USJAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OK INDO	11	1	12.CITIZEN OF WHAT COUNTRY
		HOUSE Wife		MICHI	f. <u>/ / '</u>	CLS H
	13.	FATHER'S NAME	,	14. MOTHER'S MAIDEN M	/ / /	
		Jasper S. G. I be	irt	Marill	a Palver	
	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16		NFORMANT		iress
	ÍIDZ	NO (If yes, give wor or dates of service)	None Ch	arles W. Ca	rpenter-Hus	band-same 2d
Þ		18. CAUSE OF DEATH [Enter only one cause per li	ne for (a), (b), and (c),]	· · · · · · · · · · · · · · · · · · ·		INTERVAL BETWEEN
		PART I DEATH WAS CAUSED BY	Mulat L'	har.	*	ONSET AND DEATH
		IMMEDIATE CAUSE (a)	vryp entruc	pricumo	wia	J. aays
		T O DE TO	1 10	. Hdr.	12 3101	
		Conditions, if any, which (b)	enile ment	al Meleriora	tion with Jx	wanda sycar
		couse (a), stating the under-	1.1.	1	V	
		lying couse lost (c) A	withousell	rosia		10 year
	∑∣	PART II. OTHER SIGNIFICANT CONDIT ONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GE	VEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
	B					YES NO D
	CERTIFICATION	20g ACCIDENT WAS UNDERLYING ☐ 20b. DES	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in P	art i or Part II of item 18.)	
	Ë	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	Š.	20c. TIME OF INJURY Month, Day, Year 20d. I		ACE OF INJURY (Home, form,		(Caunty) (State)
	MEDICAL	Hour a m While		ctory, street, office bldg., etc)	
	≥	p. m. 1917 1911	0	1 0	ud 1 11	/ 2 :
		21. I certify that (I) (this haspital) attend			18. to gan Ile	
		saw the deceased alive an Hamilton	619_62, and that c	death occurred at 11.12	M, from the causes a	nd an the date stated above.
- 1		22a. SIGNATURE	4	ATTENDING/ ME	D STAFF	22b. DATE SIGNED
		Batharine Quella	hman	M D PHYS.	ECTOR PHYS	Gan 16 19h
	-	22c. PHYSICIAN'S NAME (Type)	J	22d. ADDRESS		
,		Katharine A.	Chapman	3924 Balt	o. Ave. Ken	sington, Md.
-	23a	BURIAL, CREMAT ON 236, DATE THEREOF	23c NAME OF CEMETERY O		23d LOCATION (City, town,	
		Burlal 1/19/62	Rock Creek	Cemeterv	Washington	
	74	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			ISTRAR'S SIGNATURE
	44.				AL - 0 100	
		Robert A. Pumphrey,	Bethesda, Ma	AT AT SHE OF	11 2 07	· I mig & Thomas

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W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) 1. PLACE OF DEATH e. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (if outside comporets him write RURAL and give increst lown) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) sethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO 3. NAME OF DECEASED (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS lest birthday) | Months | Days Hours WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknwn) (Ifyes give wer or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), INTERVAL BETWEEN e along v I-transit p and in ONSELAND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUÉ TO 🛶 Conditions, if any, which gave rise to immediate cause DUE TO PART H. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART INDI. 19. WAS AUTOPSY CERTIFICATION PERFORMED? 9 YES NO PIno 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) 20a EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | 1 20d. NJURY OCCURRED., 20s. PLACE OF INJURY (Home, farm, 20f. (City or lown) 20c. TIME OF NJURY Month, Day, Year (County) (State) Not White fectory, street, office bldg., etc.) While Hour a.m. et work et work 21 I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion 20 Su cide Undetermined manner Natural causes Accident Homicide forwarded L DIREC death resulted from-CHIEF MEDICAL EXAMINER ACTUAL ASS STANT MEDICAL EXAM NER DATE SIGNED should be for FUNERAL DEPUTY MED CAL EXAMINER Address (51 eat, city town or county) DEP 22a, BURIAL, CREMATION, (State) 40 REC'D BY REGISTRAR | 246 REGISTRAIPS SIGNATURE VS. A15ME Certhur S. France SM 9 60

Division of STATISTICAL RESEARCH



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidanca before admission) a. COUNTY b. COUNTY Montgomery MARYLAND Nebraska b. CITY OR TOWN (if outside corporate 1 in ts. E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RuRAL and give nearest town) write RURAL and give neerest town) 77 days Bethesda Lincoln d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? The Clinical Center. Bethesda 14, Md. 7001 Pioneer Boulevard YES NO K 3. NAME OF Middle DECEASED (Type or print) Svlvia Rusth Christensen January 6 COLOR OR RACE 7. MARRIED THE NEVER MARRIED 8 DATE OF B.RTH AGE In yeers I'F UNDER I YEAR lest birthday) | Months Days Female White WIDOWED D VORCED 17 August 10e. USUAL OCCUPATION (Give kind of work TOb. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12 C TIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Registered Nurse Nursing Nebraska U.S.A. 13. FATHER'S NAME I 14. MOTHER'S MAIDEN NAME Fred Mortensen Pearl Foster 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record, Not available The Clinical Center, Bethesda 14, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Sepsis with metastatic abscesses days Acute myelogenous leukemia 7 months Conditions, if any, which gave rise to immediate couse (a), stating the undarlying Bronchopneumonia and pulmonary hemorrhage and edema 3 days PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4): 19 WAS AUTOPSY PERFORMED? Adrenal hemorrhage. Thyroid nodule 205 A CELT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of in ury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, form. 20f. (City or town) factory, street, office bidg., etc.) et work at work 21. I certify that (this hosp tal) attended the deceased from November 7..., 1961 to January 23, 19.62 that (t) (we) last saw the deceased alive on January, 23.1, 1962, and that death occured &: 15th. Mem the causes and on the date stated above 22e. SIGNATURE SIGNED PHYS DIRECTOR 22d. ADDRESS The Clinical Center, National J. David Hevwood Institutes of Health, Bethesda 14, Md. 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) 23e, BURIAL, CREMATION, 23b. DATE THEREOF Lincoln Mem. Park Lincoln, Nebraska 256 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) Pumphrey, Bethesda, Maryland 15M 9/60



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 00780 be filled with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o COUNTY **b.** COUNTY MARYLAND IVCIUMIA. CITY OR TOWN (If guisside corporate infilts, write RRAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) funeral LENGTH OF STAY IN 16 ping NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION "Chudleigh Č ₽. NAME OF Middle 4. DATE Month DECEASED **OF** DEATH (Type or print) Pages IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 9. AGE (In years 6. COLOR OR RACE MARRIED NEVER MARRIED last-birthday) Months WIDOWED [7] DIVORCED offe BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10a. USUÁL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY SHEMU aine 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANI 16. SOCIAL SECURITY NO Fairfax Hotol 10 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO Generalized Arternoschewzes Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, farm, , 20f. (City or town) 20c TIME OF INJURY 20d INJURY OCCURRED Month. Doy. Year factory, street, office bldg., etc.) Hour o. m. Not white While at work of work p. m. , 1962, that (1)-(me) last Jan 21 | certify that (1) (this hospital) attended the deceased from slave. -21_____19_k2 and that death occurred at 24M, from the causes and on the date stated above sow the deceased alive on... 220 SIGNATURE ATTENDING MED. 22c. PHYSICIAN'S 22d, ADDRESS NAME (Type) 230 BUR.AL, CREMATION, 236, DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) Arlington National Arlington, Virginia 124 FUNERAL DIRECTOR'S SIGNATURE 1 Home-1331 E. Montg. Ave. 25b REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR DATE JAN 2 9 '62 ToThur & Frage Rockville. Maryland

IS RESIDENCE

ON A FARM?

YES INO I

ONSET AND DEATH

PERFORMED? YES I NO I

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226, DATE SIĞNED

minutes

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(County)

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Film G50b PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmission) .. STATE Maryland b. COUNTMONTGOMERY combitgomery MARYLAND and 2 c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) CITY OR TOWN (if outside corporate limits. write RURAL end give neerest town) Olney Sharon/Nursing/Home olney d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? Dominion Drive YES NO Montgomery General Hospital 3. NAME OF Month cdfe DECEASED Jan. (Type or print DEATH 6. COLOR OF AL AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS. B. DATE O MARRIED MEVER MARRIED lest birthdey) Months Devs Hotes DIVORCED [10b KIND OF BUSINESS OR INDUSTRY 11. BIRT ACE (County & Stele, or foreign country 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. Pa. Home Housewife 13. FATHER'S NAME Then please 14. MOTHER'S MAIDEN NAME James Meek Henrietta Carpenter 15. WAS DECEASED EVER N U.S. ARMED FORCES? | 16, SOCIAL SECURITY NO. 17, INFORMANT Address (Yes, no. or unknwn) I (Ifves give wer or detes of service) Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b) end (c, INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 1 Tone hopened in me DUE TO of days witcute pulmoney Octor in Conditions, if any, which deve rise to immediate cause DUF TO (a), stelling the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRICTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1,01, 19. WAS AUTOPSY PERFORMED? NO 2Do. ACCIDENT WAS UNDERLYING TI 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert I of Iem 18) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 2Dd, INJURY OCCURRED 206, PLACE OF NJURY (Home, ferm, 2Df. (City or town) (State) Month, Dev. Yeer fectory, street, office bldg , etc.) Not White Hour e.m. While et work et work Con 27 , 196 R that (I) (we) last 1000 3.7 21. I certify that (1) (this hospital) attended the deceased from. 196 % to . 19 "....", and that death occurred at A. AM, from the causes and on the date stated above. 22b. DATE 22e. /SIGNATURE SIGNED PHYS DIRECTOR M D 22d ADDRESS PHYSICIAN'S NAME (Type) Joseph E. Smith, Jr. 101 Indian Spr. Dr. Silver Spring, 1230 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e, BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL [Specify] Washington, D. C. 0 5 3 Ft. Lincoln Burial 25e REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Francis H. Barber Laytonsville, Md. 15M 9/60 DATE arthur & Kenga

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3/	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND
7	00782 CERTIFICATE OF DEATH
	1. PLACE OF DEATH e. COUNTY Montgomery Maryland 2. USUAL RESIDENCE (Where decessed lived, if Institution: Residence before edmission) b. COUNTY Montgomery Maryland Montgomery
M	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	Wheaton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS J. S. RESIDENCE
۸	3915 Joliet Street 3915 Joliet Street 3915 Joliet Street Name of High Middle Last 14. Date Month Day Year
	DECEASED (Type or punt) BESSIE CONNELL DEATH January 13, 19 62
)[5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Female White WIDOWED DIVORCED Sep. 25, 1889 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min. Pays Hours Min.
1	108. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY) done during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY?
-	Housewife - Baltimore, Md. USA 13. FATHER'S NAME USA
	Aaron Marcus (Deceased) Sarah - (Deceased
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unkown) (Ifyesgive war or deles of service) 579-03-2525 Harry Reiness 13411 Dauphine St , Wheaton, Md.
	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).) NTERVAL BETWEEN ONSET AND DEATH
	HARIT DEATH WAS CAUSED BY: HIMMEDIATE CAUSE (a) _ Coronary Ithroclosis DUE TO
	Conditions, if any, which (b) Cotoney arterior across (C) yrs. geve rise to immediate cause DUE TO
А	cause lest. (c)
	PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED? YES NO YES NO
	VES NO [] 20a. ACCIDENT WAS UNDERLYNG OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) VES NO [] NO []
	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, 201. (City or town) (County) (Stete) While Not While per work et work et work
	21. I certify that (I) (this hospital) attended the deceased from Fred
	saw the deceased alive on
	226 SIGNATURE PRESIDENT TO STAFF SIGNED ATTENDING MED. STAFF SIGNED STAFF SIGNED PHYS. DIRECTOR PHYS. D 226. ADDRESS 226. ADDRESS 226. ADDRESS
	NAME (Typo) 1780 Manuchusella Ciop n. w. Wash. 2
	REMOVAL (Specify) Burial Jan 15, 1962 Nat 1. Mem. Park Falls Church, Va.
	24 FUNERAL DIRECTOR'S SIGNATURE Goldberg Funeral Home 4217 9th Street N.W., DGATE ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE Continue S. Kings
	, 10415



X.		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
		CERTIFICATE OF DEATH
the Tun d 2 sho	M	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admiss of a. STATE b. COUNTY MOREGOMERY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admiss of b. COUNTY b. COUNTY D. C.
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d in A	E	Bethesda (Rural) 13 days Washington
	-1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS o IS RESIDENCE ON A FARM
sletely apers. 72 ho.	**	U. S. Naval Hospital, 1826 Vernon Street, Apt 1826 No X
E C C C C C C C C C C C C C C C C C C C		(Type or print) Frederick (n) Cook DEATH January 29, 19 62
nd nd vitiv		S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years of UNDER 1 YEAR IF UNDER 24 HRS lest birthday) Months Days Hours Min.
		Male Negroid WIDOWED DIVORCED March 5, 1890 71 yrs. 100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & Stelle, or foreign country) 12. CITIZEN OF WHAT COUNTRY
		done during most of working life, even if retired
e de la composition della comp		Washington, D. C. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
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Hencen Hencell. 21		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIA, SECURTY NO. 17. INFORMANT Address
		Yes, no, or unkown) (lifyesgivewarordalezofservice)
ring Tarifi Tarifi Ten		18. CAUSE OF DEATH [Enter only one cause per line for (a) b), and (c).] [NERVAL BETWEEN ONSET AND DEATH
od by		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Nestroactions Linear ARD DEATH Li
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ding ding en :		Conditions, if any, which 7 (b)
a ten s s be s s beright		gave rise to immediate cause (a), stating the underlying DUETO
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This call		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
Affer of He		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Hour a.m., While Not While at work at work at work at work
e e		21 certify that (4) (this hospital) attended the deceased from. Jan. 16, 1962, to Jan. 29, 1962, that (8) (we)
동양양물) ?	saw, the deceased alive on Jam. 29 119 62, and that death occurred at 7.2.35P. Nom the causes and on the date stated above
# \$ # £ £		226 DATE
100 5		M.D. ATTENDING MED. STAFF Jan. 30, 1962
Pag Pag		22c PHYSIC AN'S NAME Jype UTITIAN P DAVED IN MULICIA II S Novel Hospite Retherde Md
Tor,		WILLIAM F. BARER III MC USH
		23a. BURIAL CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d LOCATION DATE THEREOF 1.0 COLN NE MARRY LAND (State) BUT181 2 ZOT. ZYZOPADZO LE LINE GOT NE LINE COLN NE MARRY LAND (State)
VR A15 14.	0	24 FUNERAL DIRECTOR'S SIGNATURE 256. REGISTRAR 256. REGISTRAR'S SIGNATURE
15M 7 61	348	McGuire Funeral Home, 1822 9th St NW Wash., D.C. DATEGE 2 '62 Uniting & Firms
	7	

MARYLAND STATE DEPARTMENT OF HEALTH



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND funeral should 2/1/62 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admiss on) A. COUNTY **b.** COUNTY a. STATE Montgomery Virginia by the and 2 MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town! Arlington Bethesda (Rural l dav d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? U.S. NAVAL HOSPITAL, BETHESDA, 3226 9th Street YES NO completely 3. NAME OF DATE Month Middle DESTRUCTION (Type or print) DEATH OMAR WILSON COOPER 19 62 JANUARY 13 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years , If UNDER I YEAR | IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH 9. and c last birthday) Hours MATE CAUC WIDOWED [DIVORCED 31 MARCH 1917 remove 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (County & State, or foreign country) 1 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.. NAVY Retired USA 13. FATHER'S NAME attending THOMAS COOPER THEFT BURDEN ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (Ifyasgivawarordalesofservice) YES HOSPITAL RECORDS 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTÉRVAL BETWEEN ھ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pneumonitis, Bilateral, severe IMMEDIATE CAUSE (a) **DUE TO** Bacteremia Conditions, if any, which gave rise to immediate cause **DUE TO** (e), stating the underlying Fatty metamorphus of Liver cause last. PART IL OTHER S. GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*). 19 WAS AUTOPSY CERTIFICATION PERFORMED? 8 0 NO YES 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part L of Item 1B.) WEDICAL 20d, INJURY OCCURRED | 20a, PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, office bldg., atc.) While Not While Hour e.m. at work at work D.M. Jan. 12 Jan. 21. I certify that XI (this hospital) attended the deceased from... Jan. 13 saw the deceased alive on... 22b. DATE SIGNATURE TRUN Lldraco USN MD ATTENDING SIGNED STAFF Med 13 Jan 1962 DIRECTOR PHYS. PHYS. 22d. ADDRESS PHYSICIAN'S NAME (Type) JAMES M. BROWN LCDR MC USN U.S. NAVAL HOSPITAL, BETHESDA, MD. 230. BURIAL, CREMATION, 236. DATE THEREOF 23c, NAME OF CEMÉTERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 0 Jan. 18,1962 Maysville Cemetery Maysville Kentucky Burial 25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) Virginia Ciriling S. Hines 15M 7/61 Columbia PikeATE Home



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edm ssion) . COUNTY **b.** COUNTY Mont gomery MARYLAND Montgomer v b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY N 16 c. CITY OR TOWN (If outside corporate l'mits, write RURAL and givu nearest town) Chevy Chase Chevy Chase d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Bradley Lane 4415 Bradley Lane YES NO Z 3 NAME OF Midd a DATE Month DECEASED (Type or print) Bradshaw Jerome Cowden DEATH January 62 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS. last b rthday) Months Days Hours white male WIDOWED -DIVORCED 100. USUAL OCCUPATION GIVE KIND OF WORK 106. KIND OF BUSINESS OR INDUSTRY , 12. CITIZEN OF WHAT COUNTRY? or foreign country; done during most of working life, even if return Government Work -Supt. U.S.A. Washington, D.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank B. Cowden Louise Bradshaw 15. WAS DECEASED EVER N U.S. A MED FORCES? 16. SOCIAL SECURITY NO 1115 Bradley Lane (Yes, no, or unkown) | (Ifyesa vewarordatesofservice Mignon Smith Cowden-Chevy Chaseval Ves 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b,, and (c)] ONSET AND DEATH PARTA, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART L. OTHER S GNIFICANT CONDITIONS CONTRIBUTING PERFORMED? NO TO 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE INJURY OCCURED, (Enter nature of injury in Pertain Part II of tem 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. NJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not White et work et work 21. I certify that (I) (this hospital) attended the deceased from . A 1942 and that death occured at 2465 from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 226. DATE ATTENDING PHY5 D RECTOR 22d. ADDRESS NAME (Type) 230. BURIAL, CREMATION, 236 DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) E g B Mational Capitol Memorial Park-Muirkirk Maryland Burial 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) .H. Hines Co. - 2901 Lith St., N.W. Unling S. Throng 15M 9/60 DATE Washington 9.D.C.



1 1	1	# tem_+5_53 1mm と MARYLAND STATE DEPARTMENT OF HEALTH
2 F	1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
2 TO TO		00786 Item 23b, Film GSUS 1/12/62 iwk 01/284 -
after	A R	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence bafora admission)
일사소	JAK	Montgomery Manyland B. STATE Virginia b. COUNTY
by the and deat		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
이 교무들		Bethesda (Rural) 2 days Arlington
rithin illed i ages	3	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
D Z	'sage'	U. S. Naval Hospital 1112 N. Kennebec Street YES No Z
cute Plet 72		A DATE OF DECEASED (Type or print) F1 1 2abeth Holland Cox JATE OF DEATH JANUARY 19, 10 62
exe Com Com thin		Elizabeth morning
be arbon with		Last birthday) Months Days Hours Min.
an and ve c		Female Caucasian bowed Divorced August 17, 1093 00 yes 100. USUAL OCCUPATION (Give kind of work 100. KIND OF BUSINESS OF INDUSTRY 11 B RTHPLACE (County & State, or form gn country) 12. CITIZEN OF WHAT COUNTRY
certific		done during most of working life, even if refred)
h ce g phy ise re in an	13	Housewife Blue Springs, Mississippi USA 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME
death ding p	1	William H. Smith Sarah Rhea
ten then the the then the then the then the then the then the		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO 17. INFORMANT Address
at III		No (If yes givawar or dales of service) Husband: Max Cox, Same as #2
t se the contract of the contr		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] [NTERVAL BETWEEN ONSET AND DEATH
aysic sysic ad I		PARTI DEATH WAS CAUSED BY Myocardial infarction, recent
rek sign snsii		420,1 DUE TO
law Iding Ben Betr al-tr		Candillons, if any, which (b)
The after as by buri	4	(a), staling the underlying DUE TO
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fical as of)	PART II. OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES ME NO 1
PSI hosp certi	Nage of the	S 20a. ACCIDENT WAS UNDERLYING. 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of plury in Part or Part il of Item 18.)
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A Aleks		20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm 20f. (City or town) (County) (Stale) Hour 8.m. White Not While at work at work at work 19
S S O		21 certify that (this hospitel) attended the deceased from Jan. 8, 1962, to Jan. 10 , 19.62 that (6) (we) las
Seed of the Control o		saw the deceased alive onJan19 62., and that death occured at 6: 054Mom the causes and on the date stated above
유 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등		228 SIGNATURE 225. DATE SIGNED
14 4 H		MD PHYS. DIRECTOR PHYS XX January 10, 1962
Page With	1	V. N. HOUK, LCDR MC USN V. N. HOUK, LCDR MC USN V. S. Naval Hospital, Bethesda, Md.
HOSI FUN Ector, filed	- /	
direct file		REMOVAL (Specify, Arlington Virginia
H H		Burial Jan. 12, 1962 Arlington National Arlington, Virginia 24 FUNELA DIRECTOR'S SIGNATURE ADDRESS ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
VR A15 (4) 1SM 7 61		Ives Funeral Home, 2847 Wilson Blvd., Arlington, Very JAN 1 2 '62 with 8. Hours
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1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	ADVIAND
(11)	L	CERTIFICATE OF DEATH	111.18 [
a di Mi	1	a. COUNTY 2. USUAL RESIDENCE (Where decreed I ved, If Institution: I a. STATE b. COUNTY	
and 2 death.	_	b. CITY OR TOWN (if ourside corporate limits, write RURAL and give neerest town) MARYLAND Maryland Frede c. CITY OR TOWN (if outside corporate limits, write RURAL en	
7 4	-	Derwood R.F.D.#1 5 Months d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street address) 419 Carrollton Drive d STREET ADDRESS	a. IS RESIDENCE ON A FARM?
7.2 Por	3	Ammons Nursing Home Frederick, Md NAME OF First Middle Last 4. DATE Month OF	Dey Yeer
	5	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers If UNDER I	16 19 62 YEAR IF UNDER 24 HRS. Days Hours Min.
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n any	1	Domestic Is, FATHER'S NAME Domestic 14. MOTHER'S MAIDEN NAME	U.S.A.
and ,		Albert Woodley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
5		(Yes, no, or unknown) (Ifyasgivewaror detesof service) Nursing Home Records Tile. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
i o		PART 1. DEATH WAS CAUSED BY: () () () () () () () () () (ONSET AND DEATH
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	MEDICAL	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Country street, office bldg., etc.)	nty) (State)
	1	21. I certify that (I) (this hospital) attended the deceased from You County, 19 C., to	that (I) (we) last
		22ef SIGNATURE ATTENDING MED. STAFF	22b. DATE SIGNET
1		22c. PHYS. CIAN'S NAME (Type) Luridu / Lell 22d. ADDRESS (3,742) 6	41
'	ž	23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or count REMOVAL (Specify)	
2		BUT1al 1-19-62 Hondhill Hopehill Frede 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S	
C.		C.S. Hisko III Frederick, Nd DATEJAN 22'62 - 2018.	Tirans



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before admission) a COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN IT outs de corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest fown) & LENGTH OF STAY N 16 Write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddrass) e. IS RESIDENCE ON A FARM? YES NO X 2770 BELMONT ROAD N.W SUBURBAN completely 3. NAME OF First M ddie Lasi 4. DATE Month DECEASED OF (Type or print) DEATH JAN. 19 62 and cor with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) DIVORCED WIDOWED V 10a. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) U.S.A irrespondance Officer Penn. State Dept. 14. MOTHER'S MAIDEN NAME Jerome J. Casev 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECUR IY NO (Yas, no, or unkown) [[fryesgive werordeles of service] Son C. Alexander Curtis 18. CAUSE OF DEATH [Entar only one cause por time for ,a) (b) and (c) INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE AUSE et DUE TO erial endocarditis gave rise to immediate cause DUE TO (a), stelling the underlying ceusa lest. PART II, OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (18) 19. WAS AUTOPSY PERFORMED? NO 200 ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of them 18.) OR CONTRIBUTING CAUSE OF DEATH 20d INJURY OCCURRED 20s PLACE OF INJURY Home, farm 20f (City or town County) (State) 20c. TIME OF INJURY Month, Dev. Yeer factory, street, office bldg., etc.) Not While While Hour a.m. at work at work 21. I certify that (I) (this hospita.) attended the deceased from Jan. 18, 19 62, and that death occurred at 6.: 15 from the causes and on the date stated above saw the deceased alive on Jan. 28. 225 DATE 22e. SIGNATURE ATTENDING MED. PHY5 M,D 22c. PHYSICIAN'S 23d. LOCATION (City, lown or county) 23a. SURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stete) urial-transit Cathedral Cemetery Scranton. Penna. 25a REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Bethesda. Md. 15M 9/60 arthur I Kings DATE



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 0078q funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed fixed, If institution: Residence before edmission) e. COUNTY b. COUNTY Montgomery 42 d MARYLAND Maryland Montgomery by than b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporete limits, write RURAL and give neerest towit write RURAL and give nearest town? Bethesda days Silver Spring .⊑ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Resmor Sanitarium 108 Normandy YES NO lete' 3. NAME OF M. ddle 4. DATE Yanz Day DECEASED OF (Type or print) DEATH 19.62 Nora Curtis Jan. and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR last birthday) Months Days Hours Female WIDOWED 1 DIVORCED [20 10a. USUAL OCCUPATION (Give kind of work physician 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE [County & State, or fore gn country] 12. CITIZEN OF WHAT COUNTRY dona during most of working life, even if ratired) Housewife Virginia USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Ξ attending pue Andy Catherine Snow 15. WAS DECEASED EVER IN U.S. ARMED FORCES? hen 1 to. SOCIAL SECURITY NO.1 17. INFORMANT Address (Yas, no, or unkown) | (If yas giva war or datas of sarvica) Jan. No Shiflett-same None Son-Earl 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) uamous cell carcinoma -DUE TO Conditions, if any, which (b) gava risa to immadiata causa **DUE TO** (a), stating the undarlying enuse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, a) 19, WAS AUTOPSY 8 0 PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of stam 18.) 20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm, 20f. (City or lown) (County) (State) Month, Day, Year fectory, straat, office bldg., atc.) While Not While Hour e.m. at work at work Qu. 24..., 19.42, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from 1944.1962, and that deals occured at him, from the causes and on the date stated above. saw the deceased alive on. 10:30 PM 22b. DATE 22a SIGNATURE SIGNED ATTENDING MED. STAFF athorine DIRECTOR PHYS. PUNERAL 224. PHYSICIAN'S 22d. ADDRESS Katharine Chapman Baltimore Rd. Kensington. 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, lown or county) 236. BURIAL, CREMATION, | 236. DATE THEREOF REMOVAL (Spacify) P Roseland Park Cem. Oak. Burial-Transi Royal 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 Robert A. Pumphrey, Bethesda, Maryland DATEIAN 9 9 169

law requires that the death certificate be executed within 24

RYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution). Residence before admiss only e. COUNTY b. COUNTY K CITY OF TOWN C. LENGTH OF STAY IN 16 c. CITY, OR TOWN (If outside corporate limits, Write RURAL and give neerest tow ON A FARM? YES T NO [3. NAME OF DATE DECEASED (Type or print) DEATH 9. AGE (In years | IF UNDER 1 YEAR) 7. MARRIED | LHEVER MARRIED | IF UNDER 24 HRS last birthday) Months WIDOWED [DIVORCED 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY! dene during most of working | fg, even if retired) Retired Owner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME NKIDOW 16. SOCIAL SECURITY NO., 17. INFORMANT Address (Yes, no, or unkown) | (livesgivawarordetesofservice) William Demas, 2011 Hannon St., Lewisdale 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: " IMMEDIATE CAUSE (a) sudden DUE TO Conditions, if any, which (b) gave rise to immediata cause DUE TO (a), staling the underlying cause last. PART II OTHER SIGNIFICANT COND TON'S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, 8) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO M 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Pert II of stem 18.) 20s. EXTERNAL CAUSE WAS PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yaar 20d. NJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, 20f. (City or fown) (County) (Stata) factory, street, office bldg., atc.) Not While Hour a.m. While at work et work OR: 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 🔀 Inquiry X and in my opinion death resulted from: Natural causes , Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL should be for FUNERAL 1 ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MED CAL EXAMINER plnous NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, GREMA HON, 22b, DATE THEREOF 224 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOTATe (Specify)-40 ិ Cedar Hill Cemetery 0 Jan 26,62 Pr.Geo.Co., Maryland burial Wash, D.C. 24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR DATE JAN 2 6 '62 VS. A15ME The S.H. Hines Co. . 2901 14th St. N.W. 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH





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	DIVISION OF STATISTICAL RESEARCH AF		BALTIMORE 1, MARYLAND			
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4 0	21 certify that (I) (this paper) attended the d	(134.1)((1)	he causes and on the date stated above.			
OR A7 may be DIREC: 3 should e State	saw the deceased alive on 19	and that death occured at 6:30 (Fold)	he causes and on the date stated above. 22b. DATE			
OR DIR 3 she	220 SIGNATURE	ATTENDING MED.	STAFF SIGNED PHYS.			
±30 H o [∓]	MANUAL IVIOSILLA	22d. ADDRESS				
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00793 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived I filmstitutions, Residence before, admission) o. COUNTY o STATE be filed COUNTY MARYLAND b CITY OR TOWN (If outside copperate limits, waste LENGTH OF STAY IN 16 c. CITY ORNOWN (If autside corporale limits, write RURAL and give nearest town) RURAL and give nearest-toy the fune shauld d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 3 NAME OF First Middle 4. DATE OF Month Yeor DECEASED (Type or print) DEATH 19 6 9 AGE (In years S. SEX 6. COLOR OR RACE UP UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER WARRIED B. DATE OF BIRTH lost birthdox Months Hours Min. WIDOWED -DIVORCED (100 USUA. OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Mechan and an g 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sar physician within remove WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (If yes, give war or dates of service) attending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH ᇻ PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO څ Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoling the underlying couse lost. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO CERTIF 200 ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slote) USe D factory, street, office bldg, etc.) Hour o.m. While Not while of work of work p. m for 21. I certify that (I) (this hospital) attended the deceased from etached saw the deceased alive an and that death accurred a 2 M, fram the causes and an the date stated above 226 SIGNA UN DAU SIGNED ATTENDING PHYS MED DIRECTOR PHYS MD 72- PHYSICIAN'S NAME (Type) hould 22d. ADDRESS FUNERA de S ന 23b DATE THEREOF 23d LOCATION (City town, or county) 230 BURIAL CREMATION. NAME OF CEMETERY OR CREMATORY (State) page the St REMOVAL (Specify) 0 256 REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR Thur & Though DATE 1SM 9/59



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 7. USUAL RESIDENCE (Where decreased fived, if institution, Rasidance before a dm ssion) PLACE OF DEATH e. COUNTY e. STATE b. COUNTY MONTGOLERY by the and 2 MARYLAND death. b CITY OR TOWN (if autside corporate limits, c. LENGTH OF STAY N 1b c. CITY OR TOWN (If outside corporate limits, write RURA), and give neares; (own) write RURAL and give negrest town) executed within 24 BETHESDA Ξ. days . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO papers 72 hou QUESADA SUBURBAN completely, NAME OF First M ddle DATE Dev Year Morth DECEASED OF IType or print DEATH 19 and cor AGE (In yeers) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 5. SEX 8. DATE OF BIRTH lest birthdey) death certificate be Months Days Hours D.V ORCED WIDOWED physician remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) ILS.A Retired VTRGTNTA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME guip PH TT. W MAHARA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknwn) ((Ifvesgive wer or dates of service) (Same as above) 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which [6] gava risa to immediate causa **DUE TO** (a), steting the undarlying couse last. the the PART II, OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TELMINAL D SEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED? acrua 20a ACCIDENT WAS UNDERLYING 20b/ PESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) [20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or Iown) 20c. TIME OF INJURY [County] (Stete) Month, Dey, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work at work p.m our 28th . 19.62 that (1) (we) last 21. I certify that (i) (this hospital) attended the deceased from... and that death occured at I.C. saw the deceased alive on...... M, from the causes and on the date stated above. 22b. DATE SIGNATURE SIGNED ATTEND NG D RECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S FUNERA NAME (Type) 23a, BURIAL, CREMATION 235. DATE THEREO NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown or county) REMDIVAL (Specify) 0 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60



		MARYLAND STATE DEPARTMENT OF HEALTH
1		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE		00795 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		PLACE OF DEAT 2. USUAL RESIDENCE [Where decessed lived, if institution: Residence before edmission]
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\$ \$ \$ \$ (V	1)	write RURAL and give peerest town)
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Stat		NAME OF First Middle Last 4. DATE Month Dey Year
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hour Page	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
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× 6. 5. 5. 9.		11308 Erec Eshore-L
Ped	-	18. CRUSE OF DEATH [Enter only one couse per line for pa), (b,, and (c).]
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TE Sign	CERTIFICAT	20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURED, (Enlar nature of injury in Part I or Part II of Item 18.)
現在文名道	7 - 1	PRIMARY D of CONTRIBUTING C
Die Sign	IEDICAL	20c. TIME OF INJURY Month Day, Year 2Dd. INJURY OCCURRED, 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) (County) (State)
AM AM Control	AEDI	Hour e.m. While Not While fectory, street, office bldg., etc.]
Prior F		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inspection . Inspection . Inspection .
A Tiffic of TO St		death resulted from. Natural causes . Accident . Suicide . Homicide . Undetermined manner
SE GENERAL SE CONTROL		CHIEF MEDICAL EXAMINER
MED by the forward. District District E		ACTUAL A DESCRIPTION OF
		SIGNATURES INCLUA VE I CANADA
LY axec. d be ERA esign		EXAMINER'S FAAK TRADS/ half Address (Street, city, lown, or county)
A S S S S	220	NAME (Type) Address (Street city, lown, or county) Burial, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION, City, lown, or country) (5tota)
O.9402 U.S. 2 P. 1	1	REMOVAL (Specify)
H T		Burial 1-13-02 Gate of Heaven Cemetery Montgomery Maryland Funeral Director 10/1 3/1/2 8434 \$808969 ig Ave 246 REC BY REGISTRAR 246. REGISTRAR'S SIGNATURE
YS. AISME		T.U. JISEA
5M 9 60 1 3		orner E. Pumphrey, Inc. Silver Spring, Md. DATE JAK 5 62 Cortun & Khance



1.00	MAR	YLAND STATE DE	PARTMENT OF HEALTH	
£.		CERTIFICATE	The state of the s	ALTIMORE 1, MARYLAND
	I. PLACE OF DEATH			d Lived, If institutions Residence before edmission
$(\mathbf{M}$	Montgomery	MARYLAND	e. STATE District Of C	olumbia
	b. CITY OR TOWN (foutside corporete limits, write RURAL end give neerest town) Bethesda	21 Days	c. CITY OR TOWN [If outside corporate Washington	I'mi'z, . 1 'URAL and give nearest town)
56	d. NAME OF HOSPITAL OR INSTITUTION (if not n	hospite , give street address)	d STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	The Clinical Center, Bet		3138 Stanton Roa	
	3. NAME OF First DECEASED	Middle	Last 4. DATE OF	Month Day Yeer
	Type or print) 5 SEX 6. COLOR OR RACE 7 MAI	Mae		anuary 24, 19 62 is (In years IF Linder 1 YEAR IF UNDER 24 HRS.
			lay 7, 1907 5	b.rhday) Months Deys Hours M.n.
		. KIND OF BUSINESS OR INDUSTR	Y 1. ERTHPLACE (County & State, or fore)	gn country) 12. CITIZEN OF WHAT COUNTRY
	Housewife 13. FATHER S NAME	None	Virginia 14. MOTHER S MAIDEN NAME	_ U.S.A.
シ	John Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	Lily (Unknown)	Address
	(Yes, no, or unkown, (Ifyesg vewerordetexofserv.ce)	ertainable The	Reclinical Center, Be	
	18. CAUSE OF DEATH [Enter only one cause p		CIMITCAL Center, De	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bro	nchopneumonia, b	ilateral	ONSET AND DEATH 3 WEEKS
	134.5 DUE TO	± 2.		
	Conditions, if any, which (b) ASD	ergillosis, Righ	t upper _obe	3 weeks
	geve rise to immediate ceuse (e), steting the underlying			
	couse lest. (c) Acu		Leukenia	l month
2	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEV # 1 NO	T RELATED TO THE TERMINAL D SEASE CON	PERFORMED?_
				YES X NO 1
	OR CONTRIBUTING [] CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Part Los Part thofil	em 18.)
		Dd INJURY OCCURRED 2De PLA	CE OF INJURY (Home, ferm † 2Df. (City or)	own} (County) (State)
	Hour e.m. W		ory, street, office bldg., etc.)	out) (coant)) (alera)
	21. I certify that () (this hospital) at	tended the deceased from.		anuary24962 that (i) (we) la
	saw the deceased alive on January	724,19.16.2., and that	death occured at	
	22e. SIGNATURE	Marsh "		taff signe HYS. 2 January 25, 1962
,	22c. PHYSICIAN S NAME (Type) John C. Mar	sh		al Center, National
				1th, Bethesda 11, Md.
	230. BURIAL, CREMATION, 235. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d, LOCATIO	N (City, town or county) (State)
	BuriAL 1-19-67	ADDRESS	N TEPI 3 DI	LATMA 1 MARYLAN VA
r	24 FUNERAL DIRECTOR'S SIGNATURE		et, N.E. DATE JAN 2 9 '62	Cothun L. Krain
	Katers - During	2012 TSGU Pries	C. N.E. DAR SHITE OF	A. TOMOS



	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
END STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	13 (P711 a
HEALTH DEPT	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institut	ion. Residence before edimission)
8 ÷	SAIE 6. COUNTY	March
Pagilles.	b, CITY OR TOWN Ut outs de corporate Libris, c. LENGTH OF STAY IN 16 c. CITY OR TOWN Ut outside corporate Libris, yr'te RURA	Land give negres (wn)
SEE VI	write RURAL and give measure town)	1 1 4 0
E E S	d, NAME OF HOSPITAL OR INSTITUTION (II not in hospita, a ve streel address)	66/11/9 HUY
Boa Boa	linch to Soutaring Billier Spring	YES NO
y de sta	3. NAME OF hirst Middle Lagt 14. DATE Mohith	Day Year
f am	(Type or print) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	0/- 19/0
市でる中華	5. SEX 16. COLOR OR RACE 7 MADDIED THEVED MADDIED TO 8. DATE OF B.RTH. 9. AGE (In years IF UN	DER 1 YEAR IF UNDER 24 HRS.
P P P P	MIDOWED D. VORCED D. VORCE	hs Days Hours Min.
Po 2 2 a	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fore on country) 12	. QTIZEN OF WHAT COUNTRY?
s 1, s a s 1, s a s 1, s a s 1, s a s a s a s a s a s a s a s a s a s	done during most of working life, even il retired) CO. ES M. ELEC. CO.	USA.
hour ages	13. FATHER'S NAME	
PW PW	1 Seth kason Alida Streete	R
F C E F F	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	, _
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	(Yes, no, or unknown) [(Ifyesgive werordetesofservice)] Mrs Nettie Eas	on - Wife
iffer ffer wi per	18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c),	INTERVAL BETWEEL
exections in the constitution of the constitut	PART I. DEATH WAS CAUSED BY: [O Drinning Occlesion	suddin
beance a sel-tra	DUE TO	
puld Pring Purit Pourit	Conditions I any, which by Corracy During felling	muchs
r's (geve rise to immediate cause (e), stating the underlying DUE TO	
andiine od a	cause last. (c)	
Exan Exan tion	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(4) 19. WAS AUTOPSY PERFORMED?
rord cal d be	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT KELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	AE2 NO K
he v he di no v	ZDa. EXTERNAL CAUSE WAS ZDb. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port Lior P	
NEW ng the 3 st		(County) (Slate)
Chilifia age 5	Hour a.m. While Not While fectory, street, office bldg., etc.)	(coomy) (amin)
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Ser de la Company de la Compan	death resulted from. Natural causes Accident Suicide Homicide Undetermined manne	· 🗀
The state of age	ACCIDENT ACCIDENT MEDICAL EVAM NED	DATE SIGNED
M Se Courte M M M M M M M M M M M M M M M M M M M	SIGNATURE DEPUTY MEDICAL EXAMINER &	- 1 1 -
The Constitution of the Co	NAME (Type) - ANK J. Brue chat At Address (Street, city, fown or county)	26-62
P.C. asse vihoul	228. BURIAL, CREMATION, 226. DATE THEREOF 220. MAME OF CEMETERY OR CREMATORY 22d. LOCATION City, town, or so	ountry) (Stere)
O 2 4 O p	Removal 1-29-62 Streenwood com. Brookly	1, 19.9.
н н	Z3. ENERAL DIRECTOR ADDRESS 246. REC'D BY REGISTRAR 246. REC'STRAR	R'S SIGNAT U RE
VS. A15ME	12-tal 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	S. Frank
5M 9 60	Taling Comming D F.H - Colonerelly, Med DATEJAN 31 '62 Ciny	4. / 1/24 53

MARYLAND CTATE DEDARMMENT OF UCAITH



a 1			MARYLAND STATE DEPARTMENT OF HEALTH	
A BO			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, CERTIFICATE OF DEATH	MARYLAND
T Funda	M)	t.	PLACE OF DEATH a. COUNTY Montgomery MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If 'nstitution's as STATE Maryland b. COUNTY Montgomery)	on trome ry
in 24 ho d in by the es I and ester death	ノ . 1		b. CITY OR TOWN if outside corporate imits, write RURAL and give neerest town) Bethesda DOA d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	end give recrest town) a, IS RESIDENCE
etely file persons 2 hours	1 1		Suburban Suburban First Modes Modes A DATE Month OF Month	ON A FARM? YES NO X
be execund nd complants pay		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE In years IF UND	1962 ERTYEAR IF UNDER 24 HRS. s Doys Hours Min.
rdificate ysician al move ca ny event.		10e do	Female White WIDOWED DIVORCED CFUL 3-18768 YES. 10. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (County & State, or lofe gn country) 12.	CITIZEN OF WHAT COUNTRY?
death ce nding phy please is and in a			Robert Edward Charles Marie Ornal Marie Ornal Marie	thivyar
that the site of the atternoval,		(Ye	NO NO DEATH [Enter only one ceuse per line for (a, b) and ic.	d INTERVAL BETWEEN ONSET AND DEATH
requires physicia signed by ansit perm stion, or			PART I. DEATH WAS CAUSED BY: 153 DUE TO DUE TO PART I. DEATH WAS CAUSED BY: 153 DUE TO	3 days
The law attending as been as been burial-trailing, cremainly cremainly and are as a second			Conditions, if any, which gove rice to immediate causa [a), stating the underlying cause lost. (b) Michaeltatic Includes Included Include	320
Spital or Hificate h se as the or to bur	*	CATION	PART II OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	ART 1(4) 19. WAS AUTOPSY PERFORMED? YES NO P
G PHYS y the ho r this cel ed for u eath pri		AL CERTIF	20s. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town)	County) (State)
OR: Affe odetach ept. of H		MEDIC	Hour a.m. While Not While fectory, street, office bldg., atc.]	19 62 That (I) (we) last
OR AT may be r DIRECT should the State D			saw the deceased alive on 19.64, and that death occurred at 10.300, from the causes and o	
P. TERA.	-1		22c, PHYSICIAN'S NAME (Type) Stephen N. Jones M.D. PHYS DECTOR PHYS, December 122d, Address Veirs Mill Rod, Rockvi	lle. Marylan
death. CO FUN director be filed			Burial 1/6/62 Rockville Cemetery 23d, Location [City, fown or co	aryland –
VR A15 (4) 15M 9/60	whi.	24	Robert A. Pumphrey, Bethesda, Maryland DATE 255. REGISTRAF 256. REGISTRAF	A sald with the

	4.1	
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7		

W. PRESTON STREET, BALTIMORE 1, MARYLAND 007991. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution: Residence before admission) Montgomery Maryland Columbia of MARYLAND b. CITY OR TOWN (if outside corporate I m'ts, E LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest fown) Wheaton, Maryland 10mo. 22days Washington D.C. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? Wheaton Nursing Home 7019 Georga ave. NO A 3. NAME OF Midde 4. DATE DECEASED (Type or punt) Edward J. Ehrman treut Jan. DEATH AGE (In years , FUNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED asmbirthdey) Months Devs WIDOWED D. V ORCED 10a. USUAL OCCUPATION [Give kind of work 10b. KND OF BUS NESS OR INDUSTRY 11. B RTHPLACE (County & State, or fore gr country 12. CIT.ZEN OF WHAT COUNTRY? done during most of working life, even if retired) government Washington D.C. plate printer 13. FATHER'S NAME 14. MOTHER'S MA DEN NAME Ada St. John Edward Philip Ehrmantraut 15. WAS DECEASED EVER IN U.S. ARMED FORCES? I 16 SOCIAL SECURITY NO 17 INFORMANT metastatic Carcinomo from Prostor 5 yr. (Yes, no, or unkown) ((If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e., (b), end c) | IMMEDIATE CAUSE (a) DUE TO (b) gevanue to Immediate causa DUE TO (e), stating the underlying PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11611 19. WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING CERTIFIE 206. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Pert I or Pert il of Jem 18) OR CONTRIBLTING [] CALSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED , 20e. PLACE OF INJURY [Home, ferm. 20f, (Cily or fown [County] Month, Dey, Year fectory, street, office bldg., etc.) While Not While Hour a.m. MED 21. I certify that (I) (this hospital) attended the deceased from 19.5% to fam. 2.4....., 19.6% that (I) (we) last saw the deceased alive on Janu. 13., ... 19 62, and that death occured at. J.P.M., from the causes and on the date stated above. DIRECTOR 22d. ADDRESS \$\int 25a, rec'd by registrar \$\int 25b, registrar's signature FUNERAL DIRECTOR'S VR A15 (4) 15M 9/60



1	Ιt	2 Pilm 306 MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE		TOWNS OF STATISTICAL RESEARCH AND RECORDS, 301 W: PRESTON STREET, BALTIMORE 1, MARYLAND
HEALTH DEPT.	1,	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If Inst Julion, Residence before edm ssion
8 4		Mon tamen Meryland . Maryland b. County Monto mea
SEE IVI		b. CITY OR TOWN/1 outside corporate/limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN/11 outside corporate/limits, write RURAL and give new strillown) write RURAL and give new strillown
		akoma Park D.O.A. 3711811 Duanhoe ST
A TOP OF THE PROPERTY OF THE P		d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) on A FARM? ON A FARM?
fun sine	U L 3.	NAME OF PRINCE PRINCE PARTY YES NO DAY YES NO DAY YES NO DAY YES NO DAY YES
# # # # # # # # # # # # # # # # # # #		Deceased Danielle Christine Falck Death January 2, 19 62
with Salah	5.	SEX TO. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS.
er d and 5 mz 1 2 v	10-	W WIDOWED DIVORCED 9-6-6/ yrs. 3 25
rs aff	do	na during most of working life, aven if refired)
hou lages lihin	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
The Part of the Pa		Erling H. Falck Mary Ellen Giuffra
withi 18. G	15. (Y+	s, no, or unkown) (Hyesgivawerordehsospervice)
ted tem with with any	٠,	18. CRUSE OF DEATH [Envar only one causes line for (e), (b), end (c).] Exling H Falck - Father, INTERVAL BETWEEN
executed il in Item fong with pensit		PART E. DEATH WAS CAUSED BY. // E/N D/IIN G/ Pulmonary congestion & edema Suppey
P S S S S S S S S S S S S S S S S S S S		DUE TO (Narked)
outd find Office buris		Conditions, if any, which (b) Viral Interstitial pneumonitis
ding' ding' ner's as a		(*), stating the underlying DUE TO
rtifica pen used ion, o	Z	PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY
his ce vord cal E	CERTIFICATION	PERFORMED? YES NO
he w Aedic hould	ERTIF	20e. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Pert I or Part II of item 18.)
E o e u	O Teo	CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata)
writh Page	MEDIO	Hour a.m. While Not While fectory, street, office bldg., etc.] D.m. 19 at work at work
5 5 5 F		21. I certify that I took charge of the remains described above, held an Autopsy X Inspection Inquiry and in my opinion
Certification of the second of		death resulted from, Natural causes 🔼 Accident Suicide Homicide Undetermined manner
the forwar forwar afed ag		ACTUAL CHIEF MEDICAL EXAMINER [
RAL gnaft		SIGNATURE ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER A
DEPUTA should be fo FUNERAL its designale		NAME (Type) FLANK J. BLOSCH 24 Address (Street, city, lown, or county)
O DE Poperation of the contract of the contrac		REMOYAL (Specify) 14/62 Ceder Hill Come town Prince George County Ma
H H		FUNERAL DIRECTOR ADDRESS . ADDRESS . REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE ADDRESS .
VS. A1SME 5M 9/60	Tr	ne S.H. Hines Co Washington 9.D.C. DATE JAN 4 '62 Cultury & trums
K.		VVV VVV 47V



VS A15 (4) 15M 10/57

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 00801

CERTIFICATE OF DEATH

Reg. Dist. No.

00797

ı	1. PLACE OF DEATH G. COUNTY	MARYLAND	o. STATE	P. CONNIA	n- Residence before admission)		
ŀ	b. CITY OR TOWN (If outside/corporate limit, write c. LENGTH O		Maryland		Comery		
l	RURAL and give nearest town)	31A1 IN 10	Bethesda	ide corporate limits, write RU	KAL ond give nearest town)		
Ī	d NAME OF HOSPITAL (If not in bosoital gave street address)	1	d. STREET ADDRESS		e. IS RESIDENCE		
ı	8920 Ridge Place		8920 Rid	ce Place	YES NO DO		
Ī		Middle		. DATE Month	The state of the s		
	(Type or print)	Fergy	har	DEATH JONELL	. 7)		
١	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER	MARRIED B.	DATE OF BIRTH	9 AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HPS		
	FRMELE WINTE WIDOWED [] DI	VORCED 📋	May 7, 1885	5 76 yrs	Months Cons Hours Min.		
ſ	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSII during most of working life, even if retired)	VESS OR INDUSTI	RY 11. BIRTHPLACE (State or	fareign country}	12. CITIZEN OF WHAT COUNTRY?		
ı	House wite		Pennsylva	ania	U.S.A.		
I	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE			
M	Samuel Brown		Mary Lac	key			
4	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECUR	TY NO. 17. INF	ORMANT	Addre	255		
ļ	No None	Ed:	ison Farguha	ar-son-same	2d		
J	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), o	nd (c)]			INTERVAL BETWEEN ONSET AND DEATH		
1	PART I. DEATH WAS CAUSED BY: 11/0 CAVALLAL INTERCTORY						
1	T-2. O DUE TO						
ı	Conditions, if ony, which) to COYDINGY	arter	y ouclusion	1	12 10urs		
1	gave rise to immediate						
ĺ	lying couse last (c) A VEVIUS	clevisi	s generalize	P ()			
ı	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT N	OT RELATED TO THE TERMINA	L DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED?		
1	3 Plubetes mellitus				YES NO KI		
ı	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Cabe tes mell, tas 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW IN. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URY OCCURRED	(Enter noture of injury in Part	I or Part II of item IB.}			
ı	3 20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURR	ED 20e. PLAC	E OF INJURY (Home, form,	20f (City or town)	(County) (State)		
ı	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURR Hour o. m. p. m. 19 While No! while of work of work		rry, street, office bldg., etc.}				
ı			1075-101	- 1/2 2 1 ml 3			
ı	21. I certify that I attended the deceased from P						
ı	alive an JANUAY 50 , 1862 , and	that death o			nd an the date stated abave.		
١	ACTUAL & (1)		2 (i)	DRESS (Street, city or town, s	DATE SIGNED		
	SIGNATURE	M.	D. 1150 COMM.	Me The W	25111491011 (), C		
	PHYSICIAN'S 1150 CONNECTICUT AVE., N.W.	7.	10000000000000000000000000000000000000	, , , , , , , , , , , , , , , , , , ,	1/30/62		
f	220 BURIAL, CREMATION, 226, DATE THEREOF 220 NAME O	F CEMETERY OR	CREMATORY 22	d. LOCATION (City, fown, or	r county) (Stote)		
	Burial 2/2/62 Parkl	awn Cen	netery F	Rockville,	Maryland		
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS		24a. REC'D B	Y REGISTRAR 24b. REGIST	TRAR'S SIGNATURE		
	Robert A. Pumphrey, Bethes	da. Mar	ryland DATE FEE	6 *62 :	int & trans		



6, 1	MARYLAND STATE DEPARTMENT OF HEALTH		
	DIVISION OF STATISTICAL RESI	EARCH AND RECORDS, 301 W. PRESTON ST	REET, BALTIMORE 1, MARYLAND
5	00802	CERTIFICATE OF DEATH	00794
= FANT	1. PLACE OF DEATH	2. USUAL RESIDENCE	(Where deceased lived, if institution: Residence before admission)
子等に入す	I mont gromer w	MARYLAND Marchan	d b. COUNTY Montgomery
古 年 中華 つ と	b CITY OR TOWN (if quiside corporate limits)		Iside corporete limits, write RURAL and give regarest lown)
4 15 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Takoma tak	DOA. Silver 81	orina- 21
· 看有有	d. NAME OF HOSPITAL OR INSTITUT ON (IF not I		a. IS RESIDENCE
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는 사람들이 아이들이 아이들이 아이들이 아이들이 아이들이 아이들이 아이들이 아	3. NAME OF First DECEASED	Middle Lest 02.4	DATE Month Day Year
128 P	(Type or print)	Henry Foxbox	DEATH 1 2/ 19 62
8 5 E F	5 SEX 6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED B. DATE OF BRTH	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
J. P. S. J. 7	1 100 W W10	OWED TO DIVORCED T 12.22.97	last birthdey) Months Days Hours Min.
cate cate ve ve ve		DE. KIND OF BUS NESS OR INDUSTRY II BIRTHPLACE COUNTY	State or fore of country) 12. CITIZEN OF WHAT COUNTRY?
in in Section 1	done during most of working I fe, even if retirad)	Newspaper Co District on	1 Columbia USA.
4 2 2 2 7 2	13. FATHER'S NAME	14 MOTHER'S MAIDEN NA	E Columbia
ding ding ding ding ding	A. Louis Ferb	er Ida	Gordon
rent fem f	(1) WAS DECEASED EYER IN U.S. ARMED FORCES?	_	Address
意	yes www. Nai	. 2/0 U9 0/23 IN A	m. Ferber - Wife.
E = E = E	CAUSE OF DEATH [Enter only one couse		INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	Laule Myre ordial dongar	tron = -
o de	DUE TO	C , 0 - 1/1	. 3
We find the	Conditions, if any, which (b)	Whenos cleretic Hear	1 Descore 2 yest
The land the	geverisa to mmediate cause DUE TO		
Target of C	couse last. (c)		
No at to C	PART II OTHER SIGNIFICANT CONDITIONS	CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Tright spirit	CAT		YES NO E
The control	OR CONTRIBUTING IT CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Per	I or Part II of item 18.)
###### S			
Drugada X	Hour e.m.	20d INJURY OCCURRED 2De PLACE OF INJURY (Home, farm, WhiteNot White Not White locally actory, street office bldg., etc.)	20f. (City or town) (County) (State)
\$ 5 5 C	p.m. 19	it work et work	
E SER S	21. I certify that (I) (this hospital)		((
E SE SE A		18	M, from the causes and on the date stated above
O Start	22e SIGNATURE	ATTENDING MET	22b. DATE
	22c PHYSICIAN'S	M.D PHYS. DIRE	CTOR PHYS.
夏温泉経済(人)	NAME (Type)		ILTON ST HYTS MD
SO TO	230 BURIAL, CREMATION, 236. DATE THEREOF		23d. LOCATION (City, town or county) (Stata)
Ago de H	REMOVAL (Specify)	262 Cedar Hill Cemetery	Prince George Co. Maryland
VR A15 (4)	24_FUNERAL DIRECTOR'S SIGNATURE	8434 Georgia Ave. 25a. REC'D	BY REGISTRAR 256, REGISTRAR'S SIGNATURE
15M 9/60	Kaizmond a. Ziska	Silver Spring. Md. DATE JAN	23 '62 Caina & Thomas
MV <	Warner E. Pumphrey Inc.	Ortacl Obtains and	



W. PRESTON STREET, BALTIMORE 1, MARYLAND DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission) e. COUNTY b. COUNTY -MARYLAND and LENGTH OF STAY IN 16 (if outside corporate limits, write RURAL and give nearest lown) è 2. filled IS RESIDENCE ON A FARM? 3. NAME OF Midd e complet DECEASED QF' pape deLamater (Type or print) DEATH years | IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX RACE 7. MARRIED NEVER MARRIED DIVORCED WIDOWED USUAL OCCUPATION (Give x nd of work 12 CITIZEN OF WHAT COUNTRY? done during most of working I fe, even if retired) FATHER'S NAME INTERVAL BETWEEN IMMEDIALE CAUSE (6) DUE TO Conditions, feny, which gave rise to immediate couse DUE TO (e), stefing the underlying certificate has ceuse lest. as the to buris PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.0), 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO 206. ACCIDENT WAS UNDERLYING DECENTION OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, Enter neture of injury in Part I or Part I of flem 18.) 20d INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, (State) 2Dc TIME OF INJURY Month, Dev. Year 20f. (City or town). (County) fectory, street, office bldg., etc.) Not While While Hour a.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased 22ª SIGNATU 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. PHYS. FUNE LOCATION (City, town or county) CEMETERY OR CREMATORY (Stelle) REMOVAL (Specify) 0 25b. REGISTRAR'S SIGNATURE 25e. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 [4] ROBERT A. PUMPHREY. BETHESDA, MARYLAND DATE FEB 2 15M 9/60 Children S. Hings

executed within 24

certificate be

the death

AND STATE DEPARTMENT OF HEALTH

OR ATTENDING PHYSICIAN: The law requires that the may be retained by the hospital or attending physician IRECTOR. After this certificate has been signed a state of the state

0.

W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY b. COUNTY b. CITY OR TOWN (f outside con ENGTH OF STAY IN 16 c. CITY OR TOWN If outside corporate limits, write RURAL and give pagrast town write RURAL and give nearest XXXXXX Bethesda 3. NAME OF M ddle DATE Yeer DECEASED (Type or print) DEATH 19 6. COLOR OR RACE 9. AGE (In yeers | IF UNDER I YEAR 5 SEX 8. DATE OF BIBTH IF UNDER 24 HRS. NEYER MARRIED 📈 last budhdey) Months Hours 200 USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) 13. FATHER'S NAME Cliza beth 1.16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wer or dates of service) 18. CAUSE OF DEATH [Enter only one couse per lige to [e), (b), end (c).] PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying cause lest. PERFORMED? 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I, of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 1 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or lown) 20c. TIME OF INJURY [County] Stelle Month, Dev. Yeer factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. | certify that (I) (this hospital) attended the deceased from ... 19....., and that death occured at 705...M, from the causes and on the date stated above. saw the deceased alive on. DATE 5 GNED STAFF DIRECTOR eath, Pas FUNERAL ADDRESS. 22c, PHYSICIAN'S NAME (Type) 7720 Wisconsin Ave. Beth. Md. Henry C. Scruggs director, be filed 23d, LOCATION (City, fown or county) (Steta) 23e, BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Rockville, Maryland Marys Cemetery g g 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) Cremen S. Through Pumphrey, Bethesda, Maryland | DATE FER 6 15M 9/60

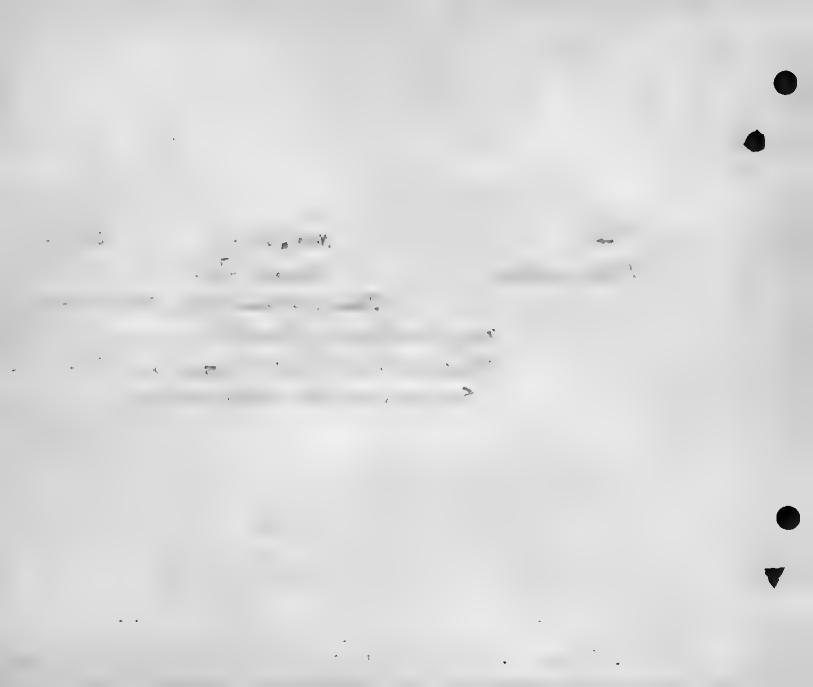
RIMENT OF HEALTH



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1.	
7	00805 CERTIFICATE OF DEATH	MARYLAND () (1/2/10
	1. PLACE OF DEATH a. COUNTY Montgomery b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 1. PLACE OF DEATH a. COUNTY MARYLAND MARYLAND C. LENGTH OF STAY IN 16 C. CITY OR TOWN (if outside corporate l'mits, write RURAL C. CITY OR TOWN (if outside corporate l'mits, write RURAL	tgomery
	Bethesda d. NAME OF HOSPITAL OR INSTITUTION (f not an hospita, g va straet address) d. STREET ADDRESS	a. IS RESIDENCE ON A FARM? YES NO X
	The Clinical Center: Bethesda 14, Md. The Clinical Center: Bethesda 14, Md. NAME OF DECEASED (Type or print) Ellis Gaperton Flanagan The Clinical Center: Bethesda 14, Md. A DATE Month OF Month OF The Company of The Company of The Clinical Center: Bethesda 14, Md. A DATE MONTH OF THE COMPANY OF THE	Day Year 10 19 62
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BRTH 9. AGE (In years IF UNDE last birthday) Months Male White WIDOWED DIVORCED December 12, 1892 69 yrs. 106. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or fore gn country) 12. (County & State) 12. (County & State) 13. (County & State) 14. (County & State) 15. (County & State) 16. (County & State) 17. (County & State) 18. (County	R 1 YEAR F UNDER 24 HRS. Days Hours Min ITIZEN OF WHAT COUNTRY?
	Clerical Virginia 13. FATHER'S NAME Clerical Virginia 14. MOTHER'S MAIDEN NAME Debort Plane non	U.S.A.
	Robert Flanagan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unknown) (Ifyes y a warrordalasofservice) Yes World War I 18. CRUSE OF DEATH (Enter only one causa par line for a) (b) end (c)] PART I. DEATH WAS CAUSED BY, Peripheral Jascular Failure	NT' NAL BETWEEN ONSET AND DEATH
4	Conditions, t any, which gave rise to immediate ceusa (a), staling the underlying cause last. DUE TO Chronic Lymphatic Leukemia (c)	7 months
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 208. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURED (Enter nature of Pagury in Part I or Part II of tem 18.) OR CONTRIBUTING CAUSE OF DEATH	RT I(a) 19. WAS AUTOPSY PERFORMED? YES NO
	J (IF EITHER, NOTIFY MEDICAL EXAMINER)	ounty) (State)
	21. I certify that the (this hospital) attended the deceased from. August. 25, 1961 to January10. 1 saw the deceased alive on January 1019 \$2, and that death occurred at 1:34PNrom the causes and on 22a. SIGNATURE	the date stated above.
1	22c. PHYSICIAN S NAME (Type) Carl J, Bentzel, M.D. 22d. ADDRESS The Clinical Center, Institutes of Health, Bethes	
	236. BURIAL, CREMATION, 236. DATE THEREOF PROVIDE (Specify) Burial 1/12/62 Arlington Cemetery Arlington, V 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D. BY REGISTRAR 258. REG'D. BY REGISTRAR 258. REG'D. BY REGISTRAR 258. REG'D. BY REGISTRAR 258. REGISTRAR 258. REG'D. BY REGISTRAR 2588. REG'D. BY REGISTRAR	rly) (State) Lrginia
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert A. Pumphrey, Bethesda, Maryland DATE 258. REC'D BY REGISTRAR' 256. REGISTRAR' DATE	1. Hime



W. PRESTON STREET, BALTIMORE 1, MARYLAND should 1. PLACE OF DEATH 2. USUAL RESIDENCE, Where deceased I'ved, If institution; Residence before edmission) a. COUNTY **b.** COUNTY 4 5 P MARYLAND by th ELENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) d S d. NAME OF HOSPITAL OR INSTITUTION of not ig hospital, give street address d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO 3. NAME OF DECEASED DEATH (Type or print) 19 9. ACE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED lest birthday) Months WIDOWED 17 DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) lousewife a) es seu 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Then please 16. SOCIAL SECURITY NO., 17. INFORM (Yes, no, or unkown) ((livesgive war or detes of service) No 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (e) DUE TO 5838,au Conditions, fany, which geva rise to immediate cause DUE TO (a), stating the underlying DISEASE CONDITION GIVEN IN PART 1,0) 119. WAS AUTOPSY PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PERFORMED? NO 1 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW NAURY OCCURED, (Enter netura of righty in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. NJURY OCCURRED, 20e. PLACE OF INJURY (Home, farm.) 20f (City or fown) (County) (State) Not While factory, streat, office bldg., etc.) While 1966 to 1 1.5 ... 19 6.... that (I) (we) last 21. I certify that (i) (this hospital) attended the deceased from........ 5.19 6. 3. and that death occured a Jam, from the causes and on the date stated above. saw the deceased alive on... 228, SIGNA WEE BIGNED DIRECTOR M.D death. P. 22c PHYSICIAN'S 22d ADDRESS filled) 230. BURIAL, CREMATION, 236 (State) REMOVAL (Specify) Congressional Washington 1-9-62 9 8434ADDRESTGIA Ave. 25e. REC'D BY REGISTRAR | 25b. REGISTRAR S SIGNATURE ELLNERAL DIRECTOR'S SYGNATURE VR A15 (4) Silver Spring. Md. 15M 9/60 Pumphrey Inc.



V 1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
COD CTATE	ODOAM MEDICAL EXAMINER'S CERTIFICATE OF DEATH
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HEALIH DEPI.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institutions has denote before admission) 4. COUNTY a. STATE b. COUNTY 7 7 7 7 7 7 7 7 7
Page les.	MIONTGOMERY COLUMBIA
	b. CITY OR TOWN (if outs de corporeré mits, LENGTH OF STAY IN 1b c. C.TY OR TOWN (if outside corporeré limits, write RURAL end give nearest town
	Takony Park Will. Mashington DC 41x.
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street address) d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
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Stal	3. NAME OF First Modele Lest 4. DATE Month Day Yeer OF
the state of the s	(Typo or print) JOHN LANNAS Klable DEATH /- // 19 6 3
4年 3年	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE In yeers IIF UNDER YEAR IF UNDER 24 HRS.
and 3	WIDOWED DIVORCED NOT STEEL Months Days Hours Min.
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Pag 13.	13. FATHER'S MALPEN NAME
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within 8. Giv form form event	15. WAS DECEMBED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT [Yes, no. or, unknown) (Ifyes give wer or detect of service)
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cute F × × E	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSEJ AND DEATH
exe icil ir alo ransi	PART I. DE ATH WAS CAUSED BY: MANDIATE CAUSE 10) CONGESTIVE HEART FAILURE DAYS
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ould in p Offic buriz nove	Conditions, if any, which) INTRAL INSUFFICIENCY YEARS_
ite sh Jing" ler's as a	geve rise to immediate cause (a), stating the underlying DUE FO
icate endin minor md as	cause lest. (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? FRACTURE LEFT 10 THE RIB AXILLARY LINE YES NO
vord vord dabe	13 TRACIURE, LEFI 109 KIB, AXILLARY LINE YES V NO 1
the work the	ZOC. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. JENier nature of injury in Port of or Pert I of John 18.
NEW ng th as A	
AMINE Triting Chief age 3:	Jactory street office body of the
Pris City	18: 25 p.m. 12-30 1961 et work of street Silver plung mon'y mod
ficate, to the prior	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . I laguiry . and in my opinion
E E E E E E E E E E E E E E E E E E E	death resulted from: Natural causes Accident, Suicide, Homicide, Undetermined manner
EDIC io he ce forward I DIRE	CHIEF MEDICAL EXAMINER
PUTY IN	SIGNATURE MAD ASSISTANT MED CAL EXAMINER DATE SIGNED
rry cecuric be fo BRAL signate	EXAMINER'S AT A DISCOURT DEPUTY MEDICAL EXAMINER X 1-12-62
DZPU Base ex sheuld is des	NAME (Type) Address (Street, city, town, or country) State)
	BEMOVAL (Specify)
Og40g	23. FUNERAL D RECTOR AND 1962 (94TE OF THE AVEN LOCKULLE 11).
VS. A15ME	There A. A. S. achi Times at Arms 1 . 1 . JAN 15 '62 arthur 2. Throng 2. Throng
2W 8 60 3/	Thechely his alle husell miles for the New DATE STATE DATE



CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY Q. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) should be RURAL and give nearest town) caus d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 13 rad YES NOTE NAME OF 4. DATE First Middle DECEASED (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (in years just birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours DIVORCED A WIDOWED [7] 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) cmestic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT NO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) days DUE TO Conditions, If ony, which gove rise to immediate **DUE TO** cause (a), slating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? Jonati YES NO TA 200. ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or Iown) (County) (State) factory, street, office bldg. etc.) Hour o.m. While at work at work -20 . 1962 that I last saw the deceased 21 I certify that I attended the deceased fram, and that death accurred at 7301 M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) SIGNATUR 3 should Rockille, Md. PHYSICIAN'S NAME (Type) TO FUNER BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) (State) 1/25/62 RELACIPAL Modecity) Mt. Zion. Mt. Zion, Mi. ADDRESS 23. EUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE L' 15-1 & France Rockville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1.30	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
0.0	60809 CERTIFICATE OF DEATH	3
M P P P P P P P P P P P P P P P P P P P	1. PLACE OF DEATH C. COUNTY ON TOM CRY MARYLAND 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before a county b. COUNTY MARYLAND AS IT INGTO	dmission)
s 1 and	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) SILVER SPRING C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) SILVER SPRING	(n) D. (
pers. 72 hours af	BOLLS (ALUBACIAR II) 2277 E STATICULONI	A FARM?
rbon paper within 72	DECEASED (Type or print) TORY OF DEATH OF DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED [V] NEVER MARRIED [V] B. DATE OF BIRTH 19. AGE (In years If UNDER 1 YEAR IF U	62- 24 HRS.
중술	MALE WHITE WIDOWED DIVORCED JUNES OF INDUSTRY IT BIRTHPLACE (County & Stelle or foreign country) 12. CITIZEN OF WHAT C	Min.
please Textove	done during most of working life, even if retired) OCIC 13. FATHER'S NAME 14. MORTHER'S MAIDEN NAME 14. MORTHER'S MAIDEN NAME	7
_ "	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) / IT/yes give were or deleased service)	
rmit. Then pleas removal, and in	18. CRUSE OF DEATH (Enter only one ceuse per line for (e), (b), and (c), 1 PART I, DEATH WAS CAUSED BY: ONSET AND C	
ial-transit percemation, or	3 MMEDIATE CAUSE (6) (Quel Vect V (Iron Vasio) 2 da	сфэ —
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r to burial		UTOPSY RMED?
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ould be ate Dep	21. 1 certify that (I) (this hospital) attended the deceased from	d above.
h the St	22e. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	DATE SIGNED
ector, page filed with t	NAME (Type) DELSON 16620 GA. AVE. SIL. Sp. 236. BURIAL, CREMATION, 236. DATE THEREOF, 236, NAME OF CEMETERY OF CREMATORY 236. LOCATION (City, fown or county). (SI	Mn tele)
15 (4)	burial 1/0/02	_
9/60	Lee Funeral Home 300-4th St. N.E. D. Sh. 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE DA	



ARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased hived, If Institution; Residence before admission) e. COUNTY b. COUNTY Montgomery MARYLAND District of b CITY OR TOWN (if outs de corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Bethesda (Rural .⊆* Washington 15 days d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 2918 Legation St., N.W. YES NO U.S. NAVAL HOSPITAL, BETHESDA, MD. NAMEOF Year 4. DATE DECEASED Harry Albert. GILINER 1962 16 (Type or print) DEATH January 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR, IF UNDER 24 MRS. DATE OF BIRTH Months | and Days Hours Male Cauc WIDOWED DIVORCED | 10s. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11 B RTHPLACE County & State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? Retired Naval Officer Indiana USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martin Sarah Luiza Kount r Address 2918 Legation St. NW 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16, SOCIAL SECURITY NO. | 17, INFORMANT (Yes, no, or unknwn) (If yes give wer or detes of service) Washington, D.C. Mrs. Virginia B. Giltner 18. CAUSE OF DEATH (Enter only one cause per lipe for (e) (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate ceuse **DUE TO** (e), stating the underlying cause last. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY YES, X DESCRIBE HOW INJURY OCCURED , Enter plature of injury in Part . of Part II of item 18 OR CONTRIBUTING [CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER] MEDICAL 20d. INJURY OCCURRED , 20e, PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Steta) 20c. TIME OF INJURY Month, Day, Year (actory, street, office bldg., etc.) While Not While at work et work 10 % 10 % 21. I certify that (K (this hospital) attended the deceased from Jan. 2, 19.62 to Jan. 16..., 1962, that (8) (we) last 22b. DATE 22a. SIGNATURE ATTENDING. DIRECTOR January 17, 22c. PHYSICIAN'S ADDRESS NAME (Type) LARRY J. HINES, CDR MC USN U.S.Naval Hospital, Bethesda, Md. 23d. LOCATION (City, lown or county) (Stata) 238, BURIAL, CREMATION : 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) O 1-19-62 Arlington National Arlington Virginia 25a. REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) 15M 7 61 Contain & Thouse 14th.St.NW WDC Home, 2901

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH TH DEPT. 1. PLACE OF DEA 2. USUAL RESIDENCE (Where deceased I ved if institution, Residence before admission) COUNTY b. COUNTY MARYLAND 5 CITY OR TOW E. LENGTH OF STAY IN 16 carporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO K 3. NAME OF Middle DECEASED Type or print! DEATH 1962 7. MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS Months WIDOWED [DIVORCED 106, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Slete or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) Life Insurance USA New Jersev General Agent 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Relle Prime William Godine 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknown) | (If yes give werendetes plannice) Lucille Godine-Wife-same 18. CAUSE OF DEATH [Enter only one cause per fine for (e), (b), end c),[INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY orman Declus Suchola IMMEDIATE CAUSE (e) **DUE TO** Conditions, if eny, which gave rise to immediate cause **DUE TO** (a), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/6) 19. WAS AUTOPSY PERFORMED? 20e EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of mury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) fectory, street, office bldg., etc.) While Not While el work et wark Inspection 34 21. I certify that I took charge of the remains described above, held an Autopsy | Inquiry 🔀 and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [7] ACTUAL. ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER should | NAME (Type) Address (Street, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 0 Crematory Suitland Maryland
24c. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Cremation 23. FUNERAL DIRECTOR V5. A15MF Robert A. Pumphrey, Bethesda, Maryland 1 5 162 Withun & Thouse 5M 7/59

PYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND 00812 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved. If institution: Residence before edmission) e. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (if outs'de corporata I m'ts, E. LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write RURAL and give necrest lown) write RURAL and give neerest town), d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? NO TA NAME OF DECEASED (Type or print) DEATH 5 SEX AGE (In yeers IF UNDER I YEAR IF UNDER 24 HRS. MARRIED NEVER MARRIED last birthday) | Months | WIDOWED I DIVORCED 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even (retired) 13 FATHER'S NAME 14. MOTHER'S MA DEN NAME 15. WAS DECEASED EVER NU.S. ARMED FORCES? (Yes, no, or unknwn) ((Ifyes give weror detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave tise to immediate cause DUE TO (e), stelling the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY PERFORMED? 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of stem 18.) CERT OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20), (City or town) (County) (State) fectory, street, office bldg., etc.) Not While While Hour a.m. et work at work 21. I certify that (I) (this hospital) attended the deceased from. (CLU 7, 196 , that (I) (we) last and that death occurred at CPM, from the causes and on the date stated above. saw the deceased alive on... 22e. SIGNATURE ATTENDING DIRECTOR PHYS. 22d ADDRESS 22c. PHYSICIAN 23a, BURIAL, CREMATION, 1 23b. REMOVAL (Specify) 1-5162 Gate of Heaven Cemetery Silver Spring, Maryland 8434 ADDRESS GOOTGIA AVETUESS. REC'D BY REGISTRAR | 256, REGISTRAR'S SIGNATURE VR A15 (4) Silver Spring, Maryland Jan 15M 9/60

RYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	00012		CERT	IFIC.	ATE OF I	DEATH			Reg. Dis	t. No.	118	07
1. PLACE OF DEATH o COUNTY					2. USUAL RES	IDENCE (When	e deceased liv	ed. If institution	on: Resident	e before o	dmissio	n)
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b. CITY OR TOWN RURAL and give	(If adjude corporate light	its, write	c. LENGTH OF STA	Y IN 16	c. CITY OR	TÓWN (If our	side corporate	limits, write R	URAL and g	ive neoresi	lown)	
B-5-17	e-da			15	1521	these	a 4	1				
d NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital,	give street a	ddress) /		d STREET	ADDRESS	Ü	ş	21	e. I	S RESID	ENCE ARM?
					650	> 6-1 4	3 - 2/r	+ //	(,1)		ES 🗍	
3. NAME OF DECEASED	Fi	rst	Middl	le	to	s†	I. DATE	Man	lh	Doy	Ye	or
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5. SEX	4. COLOR OR RACE	7. MARRI	ED 🗌 NEVER MARK	RIED 🔲	B. DATE OF BIRT	IM .	9.	AGE (In years last birthday)		1 YEAR IF		
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15. WAS DECEASED EV	ER IN U. S. ARMED FOI		OCIAL SECURITY N	0 17.	NFORMANT	. 1	,m	. Addi	ess			
ND			**************************************		3/2/10	x /7	reci	110/0	23	226		3047
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20c. TIME OF INJU		or 20d. IN	JURY OCCURRED Not while	20e. PL	ACE OF INJURY I	Home, form,	20f (City or	town)	(C	ounty)		(State)
φ. p. m.	10		of work				,					
21. I certify t	hat I attended the	decease	d from1/2	162	19	_, to	29/62	19	.,that I l	ast saw	the d	eceased
alive on	1/28/67	19	, and tha	deoth	accurred at	7:5017	M, from th	ne causes a	nd on th	e date :	stated	above
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220 BURIAL, CREMATION PREMOVAL (Specify	v) / / .	0F	22c MAME OF CEN	METERY	R CREMATORY Lace	- 12	2d. LOCATION	VICity, town o	r county)	H	(Stole)	<u>e</u>
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# PEV		- COLNITY	L RESIDENCE (Where deceased lived, if instituti	ion: Residence before admission)
o d	1/	Montgomery Manyland a. STAT	Virginia b. COUNTY	
E P S		b. CITY OR TOWN (if outs.de corporate limits, c. LENGTH OF STAY IN 1b c CITY	OR TOWN (If outside corporate limits, write RURA	L end giva nearest fown)
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ers.		U. S. Naval Hospital 3. Name of first Middle tas	2402 Menokin Drive, Apt	Day Your
cute plet	1	DECEASED	OF	- 0
exe Series		(Type or print) Helen Mae Greiner	gandar.)	
8 263		S. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BI	IRTH 9. AGE (In years IF UN last birthday) Mont	hs Deys Hours Min.
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ding ding plea		Joseph B. Moore He	tty P. Kelly	
ifen en l		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN		_
th the state of th		(Yes, no, or unknown) (If yes give wer or detes of service No HUSBAND:	James L. Greiner, Same	as #
썦뎍슢녆튙		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		I INTERVAL BETWEEN
sicie Sern Sern		PART L DEATH WAS CAUSED BY:		ONSET AND DEATH
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ndir een ial-t		Conditions, if eny, Which pave rise to immediate cause	neces sie	3 1700
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日本権が増		O (IF EITHER, NOTIFY MEDICAL EXAMINER)		
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2 P C		saw the deceased alive on Jan. 18 19 62 and that death occ	cured 2:53AM rom the causes and	
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OEDNE		ATTENC	DING MED. STAFF DIRECTOR PHYS. X JE	nuary 18, 1962
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HOSP ath Pr FUNE Sctor, I		238. BURIAL, CREMATION, 236 DATE THEREOF , 23c. NAME OF CEMETERY OR CREMATO		
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Ă Ă		Cremation 1-18-62 Lee Crematory	25a. REC'D BY REGISTRAR 25b REGISTRA	
VR ATS 4) 1544 7 61		24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS WDC		
		Lee's Funeral Home, 4th & Massachusetts Ave. NE	DATE JAN 2 2 162 CAR	Prof & Krows
		MG JI. Hosler		

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	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
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es the cian.	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
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or this		(County) (Stata)
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OR nay short Star	220. SIGNATURE ATTENDING MED. STAFF	22b. DATE SIGNED
7 4 9 4	22c. PHYSICIAN'S DIRECTOR PHYS. DIRECTOR PHYS.	
Par Par Will	NAME (Type) Alfred S. Norton, M.D. 4711 Highland Ave.,	Betnesda 14. Md.
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MARYLAND STATE DEPARTMENT OF HEALTH



1.42		MARYLAND STATE DEPART	TMENT OF HEALTH	
		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 V		IMORE 1, MARYLAND
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Se	1	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF	FINJURY Home, farm, 20f. (City or Ion	wn) (County, (Slete)
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of Cild		7/	th occured at A.A.S.M. from the	causes and on the date stated above.
OR OR MERY STREET				AFF SIGNED
85 E		The state of the s	PHYS. DIRECTOR PH	7462
Pro Pro Milia		· NAME (TYPE) PATRICK C. JAMESON	15020 horgen	School Spring and
FUNI FUNI ector,	236	BURIAL, CREMATION, 23b, DATE THEREOF 23c, NAME OF CEMETERY OR CRE	REMATORY 23d. LOCATION	(City town or county) (State)
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VR A15 (4)	24	UNERLY DIRECTOR'S SIGNATURE C. 26 APPRESS SILVEYS	per q	25b. REGISTRAR'S SIGNATURE
15M 9/60		Darker & Muniphrey Inc1	YLL , POATUAN 1 1 '62	Learner S. Turans



21:	l t	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
FOR STATE		1008 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before adm: e. COUNTY	siou.
Page saff		Montgomery b. CTY OR TOWN (if outside composite simils. c. LENGTH OF STAY IN ID. c. LENGTH OF STAY IN ID. c. CITY OR TOWN (if outside composite simils.	
A PRESE	}	write RURAL and give nearest town)	
12.2 2 2		Bethesda 24 days Washington d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS d. STREET ADDRESS	
	_	The Clinical Center, Bethesda 14, Md. 2319 Savannah Street, S.E.	RM?
any erain erain deatl	3	NAME OF First Middle Las! 4 DATE Month Day Yaar OF	
th. If. be r that the there	5	Type or print Rose Flizabeth Hargrove DEATH January 20 19 6	2
dea may 2 wit urs a		Female Negro WIDOWED DIVORCED December 18, 1937 24 brithday Months Days Hours M	JRS.
affer 2,2,3 and 2	10a	S. USUAL OCCUPATION (G.v. kind of work need of work need during most of working life, even if retired) 12. CITIZEN OF WHAT COURTS OF WHAT COURTS OF INDUSTRY 11. BIRTHPLACE (State or foreign country)	NTRY
ours ges 1 pag ss 1 a		Practical Nurse Nursing Washington, D.C. U.S.A.	
Page With		FATHER'S NAME	
ESET I	15.	Wesley Gilbert Bertha Fennell was deceased eyer in u.s. armed forces? 16. Social security no. 17. Informant The Medical Record	
em 18 em 18 with fa	1111	No Unascertainable The Clinical Center, Bethesda 14, Maryland	
ecute in the w pr		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: ONSET AND DEAT	
neil alor tran		IMMEDIATE CAUSE (Subacute bacterial endocarditis - mitral valve	
uld to make the second		Conditions, if any, which (b) Rupture of chordae tendinea, mitral valve	
a sho		gave rise to immediate ceusa [e], stating the underlying	
ficate Sendi mine ed a		cause lost. (c) Mitral insufficiency	
Certain Series S	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND.T.ON G.VEN IN PART I(a) 19, WAS AUTO PERFORMENT OF THE PERFORMENT OF	
This dica	DIE!	20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part I, of item 18.)	4
E. S.		PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH,	
MIN WITH Chie	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State Hour a.m. While Not While fectory, street, office bldg., atc.))
XX The the trior	ME	p.m. 19 st work at work	
at to g		21. I certify that I took charge of the remains described above, held an Autopsy 🛖, Inspection 🔲, Inquiry 🔲, and in my opinion death resulted from: Natural causes 🗍, Accident 🗍, Suicide 🗍, Homicide 🗍, Undetermined manner 🖂	2B
TEDIC The cer wwarde DIRE(CHIEF MEDICAL EXAMINER	
		SIGNATURE Touch J. Broschest ASSISTANI MEDICAL EXAMINER DATE SIGNEE	
d be esign		EXAMINER'S Frank J. Broschart, M.D. DEPUTY MEDICAL EXAMINER 1/20/62	
DEPUT should be for FUNERAL its designay	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) (State)	
0 g 4 0 g		Burial 1/25/62 Arlington National Cem. Arlington, Virginia	
VS. A15ME	23.	FUNGRAL DIRECTOR ADDRESS 24b. REGISTRAK 24b. REGISTRAK'S SIGNATURE	
SM 9/60		John 1 Chures Co: 3015-125t. 1/8 DATE JAN 26 62 - 1 8. Trans	



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00818 Item 10b, film G306 2/2/62 iwk 2. USUAL RESIDENCE (Where deceased hvad, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND Maryland Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Montgomery b CITY OR TOWN (if outside corporate fimits, e. LENGTH OF STAY IN 16 write RURAL and give necrest town) Bethesda Bethesda a. IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS ON A FARM? YES NO W 5300 Westbard Avenue Westbard Avenue NAME OF Middle DATE OF DECEASED (Type or print) DEATH 19 Harris George 19. AGE (In years | IF UNDER 1 YEAR) 8 DATE OF BIRTH 6 COLOR OR RACE 7, MARRIED NEVER MARRIED JF UNDER 24 HRS. last birthday) Months I Days Hours 14, WIDOWED -DIVORCED T 56 yrs 0 4 1906 Male Jan. 10a. USUAL OCCUPATION [Give kind of work ALESO OF BUSINESS OR INDUSTRY BRIMPLACE (County & State, or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if rel red Assist. V. Pres. Washington D. C. USA 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Marv Tavlor George W. Harris 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO.; 17. INFORMANT noval, [Yes, no, or unknwn) | [Ifyes give wer or dates of service] 578-05-2132 Beulah Harris-Wife-same 2d INTERVAL BETWEEN 18 CAUSE OF DEATH [Enter only one cause per I ne for (e) (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY Bronchogenic Carcinoma IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (e), stating the underlying PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 🔀 20b DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Peri I or Peri II of Item 18.) 20a ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (Steta) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) While Not While at work at work Jan. 18 21 I certify that (I) (this hospital) attended the deceased from... ., and that death occured at 5:30, from the causes and on the date stated above saw the deceased alive on. 19. . 22a. SIGNATURE SIGNED ATTENDING STAFF X DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. William 5. Detwiler 418 - 1025 Conn. Ave. NW Washington, DC 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, lown or county) [State] 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Arlington, Virginia 22/62 Arlington Gemetery-250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Robert A. Pumphrey, Bethesda, Maryland 15M 7161

death

that the

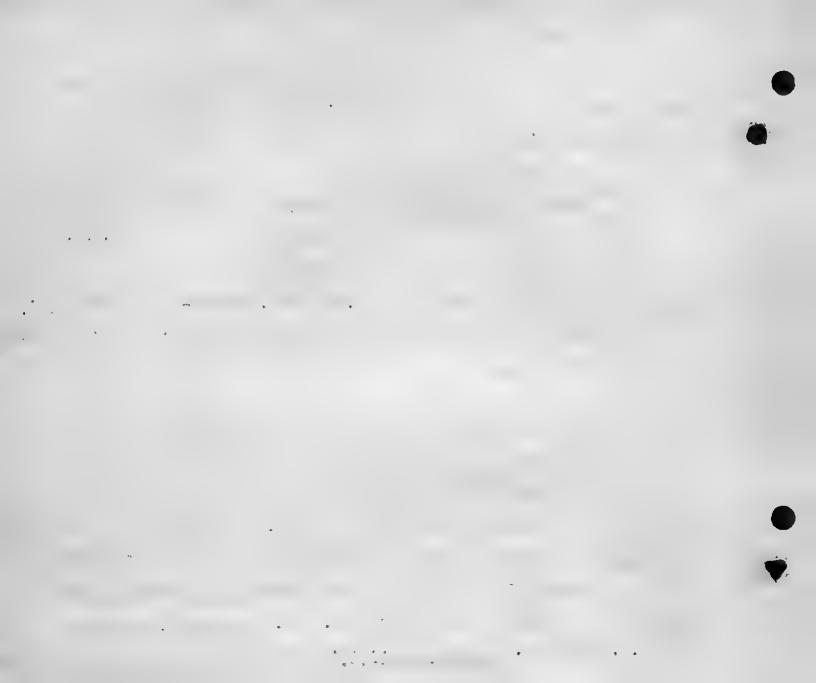
RYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 00819 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission e. COUNTY **b. COUNTY** Montgomery Mary land MARYLAND Montgomery b. CITY OR TOWN (if outside corporete tim.ts. e. LENGTH OF STAY N 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) ۵ write RURAL and give nearest town) Silver Spring Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 300 Normandy Drive 300 Normandy Drive YES NO TE 3. NAME OF Middle 4. DATE DECEASED OF (Type or print) Mester DEATH Bruce Marris January 19 62 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months Hours female whit e WIDOWED A DIVORCED Yrs. 10a. USUAL OCCUPATION (Give kind of work physician 106, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working I fe, even if refired) U.S.A. Mousewi fe Vir*g*i nia 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME John Perkins Ella Pollard 15. WAS DECEASED EYER N U S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17, INFORMANT Address (Yes, no, or unkown) | (Ifyesgive werordetesofservice) C. Vickers-300 Normandy Dr Mrs.Thomas no no 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) geve rise to immediate cause DUE TO (a), stating the underlying couse lest. PARTH. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 1 19, WAS AUTOPSY PERFORMED? NO IA <u>Ö</u> 20b. DESCRIBE HOW INJURY OCCURED. Enter nature of injury in Part I or Part II of Itam 18.1 CERTIFI 20e, ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 2Dc. TIME OF INJURY 20f. (City or town) (County) (State) Month, Day, Year fectory, street, affice bldg., etc.) While Not While Hour am at work ., 196-1 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from....... 1962, and that death occured at IDPM, from the causes and on the date stated above. saw the deceased alive on, SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS. Jeath, Pay 22d. ADDRESS 2c. PHYSICIAN'S 23r. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, 23b. REMOVAL (Specify) Arlington Natl O Cem. Arling ton Buris 25e. REC'D BY REGISTRAK , 25b. REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 washington 9 G.G.

be executed

MARYLAND STATE DEPARTMENT OF HEALTH



1	. 2	MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
E 0 2		00820 CERTIFICATE OF DEATH
funeral should	~	1. PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY b. COUNTY c. COUNT
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within		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM?
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Δ		HOUSEWITE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
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at It le all Th lova		None No
S the lian. Y the ram		IB. CRUSE OF DEATH (Enter only one cause per ting tor (a), (b), and (c).]
Skirling Ski		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (3) NOTICE NOTI
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faw ding en s en s en s		Conditions, if any, which (b) 120 120 131
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he he lis c		20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of Item 18.) OR CONTR BUT NG CAUSE OF DEATH OUT IF BITHER, NOTIFY MEDICAL EXAMINER!
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Aft Aft of I		Hour e.m. While Not While fectory street, office bidg., etc.)
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Stati		226, SIGNATURE 22b, DATE
ED WE		M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 1 2 2 SIGNED
ERL D		22c. PHYSICIAN S NAME (Type) 22d. ADDRESS
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田神田四年		23a, BURIAL, CREMATION, 23b DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Jown or county) (Stele)
နိုင်ငံရှိ		Cremation 1/2/62 Cedar Hill Crematory Sultiland, Maryland
VR A15 (4)		24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256, REC'D BY REGISTRAR 256, REGISTRAR 5 SIGNATURE Robert A Pumphrey Bethesda Maryland
1SM 7,61		Robert A. Pumphrey, Bethesda, Maryland DATEJAN 3 '62 Chilling X. Thomas



AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edimission) e. COUNTY. e. STATE **b. COUNTY** MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give/georest town) c LENGTH OF STAY N 16 c. CITY OR TOWN (If ourside corporete imits, write RURAL end give neprest town) d NAME OF HOSPITAL R INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH 6 COLOR OR RACE NEVER MARRIED 8 DATE OF BIRTH 9, AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last Birthdey) Months Days MIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHP. ACE (State or foreign country) 12. CIT ZEN OF WHAT COUNTRY? done during most of working life, even if retired) pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewerordatesofservice Mary 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN CAISET AND DEATH PART I. DEATH WAS CAUSED BY. ng" in pencil i r's Office alor s a burial-trans removal, and IMMEDIATE CAUSE (e) DUE TO gave rise to immediate cause **DUE TO** (e), stating the underlying cause fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE COND TON G VEN N PART 1(a), 19, WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of in ury in Pert I or Pert II of Iem 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Month, Day, Yeer 20d, INJURY OCCURRED 20s. PLACE OF NJURY (Home, ferm, 20f, (City or town) white Not While lactory, street, office bldg., etc.) 20c. TIME OF INJURY (County) (Stete) While Not While Hour e.m. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy | 1, Inspection (C) Inquiry 🔼 and a my opinion death resulted from-Natural causes X. Accident | Surcide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL its designate DEPUTY MEDICAL EXAM NER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 228 BUR AL CREMATION! 22d. LOCATION (City, fown, or country) (Stete) Lincoln Park. Rockville, Md. Q 40 g ADDRESS 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. A15ME Rockville, Md. Chilling S. House 5M 9/60



•		DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND	
+ cf.	7	00822 CERTIFICATE OF DEATH	
8 %EV	1	1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 5. COUNTY 5. STATE 6. COUNTY	
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5 3	1	12902 Holdridge Road 12902 Holdridge Road YES N	
in a si		3 NAME OF First Middle (Time I am alds) 4. DATE Month Day Year	
24 = 24	las	(Type or print) Jessie Josephine Henry DEATH January 22 196	52
thin Y fill		5. SEX 6. COLOR OR RACE 7 MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH 9 AGE (in years. IF UNDER 1 YEAR) IF UNDER 2	
in etal		Female White WIDOWED Sept. 10, 1880 81 yrs. Months Par Haurs	Min.
mple pers.		10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12.CITIZEN OF WHAT COU	NTRY
Pol Co		during most of working life, even if retired Own home Tennessee USA	
and and 5an 72 F		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
e b carl		Payne England Mary Legg	
ve with		IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address	
certificate g physicia remove co		[Yes no, or unknown) If yes, give war or dates of service)	٥.
		No None Mrs. Francis O'Connor-Daughter-same	20
death tendii please any		IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWI	EN ATH
d of d		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Promotion 3 dogs	<u>گ</u>
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قِ قِ حَ		21 I certify that (1) (this haspital) attended the deceased from 1957 to 20, 1963, that (1) (we	las
b d			
五 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		22b D/	
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d d d		22c PHYSICIAN'S 22d ADDRESS	
AL L		NAME (Type) NAME (Type) NAME (Type) NAME (Type)	1
SPIT SPIT 3 st	,	23a BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City, fown or county) (Stote)	##"
May be ranged by FUNERA		REMOVAL (Specify)	
0 E O G E	0	BUTIAL 1/23/02 PARKLAWN CEMETERY ROCKVILLE MARYLAND 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR'S SIGNATURE	
VR A15 (4)	X.	4811 2 2 62 / 1 45	
15M 9/59	. 11	Robert A. Pumphrey, Bethesda, Maryland DATE PRIN 23 02 Communications	

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat

MARYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH Reg. Dist. No. [1] 10823 I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY **b.** COUNTY MARYLAND onlaomeru lon Gomery b. CITY OR TOWN (If outside corporate) mits, write RURAL and give nearest town) c. CITY OR TOWN (Coutside corporate limits, write RURAL and give nearest town c LENGTH OF STAY IN 1b Bethesda ears d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Dickens Avenue 0103 10103 YES NO X AVENUE NAME OF First Middle 4. DATE fast Month Year Day DECEASED Hill William ArThur January 19 DEATH (Type or print) 10 ഗ്രപ് FUNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED M NEVER MARRIED B DATE OF BIRTH 5. SEX 9. AGE (In years lost birthdoy) 1889 Months Doys Hours WIDOWED IT DIVORCED | 72 yrs 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME rederick Xandria 72 hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address 10103 Dickens No CAUSE OF DEATH [Enter only one couse per ine for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoling the underlying couse lost. (c). PART IS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES 🔲 NO 💢 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month. Day, Year 20d INJURY OCCURRED (Stote) (County) factory, street, office bldg, etc.) Hour Q. m. While Not while at work of work Ø. m 21. I certify that I attended the deceased from Dresen 19____that I lost saw the deceased , and that death occurred at _____ A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) [Slole] Crewather -1.9 - 62Cedar Crematory Suitland Mary Land 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Bethesda, Marylandale ROBERT A. PUMPHREY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

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VS A15 [4] 15M 9/55



RESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmiss on) ONT GOMERY a. COLNIY b. COUNTY Suburban Washington D.6. MARYLAND b. CITY OR IOWN (if outs de corporele l'mits, ELENGTH OF STAY IN 16 C TY OR TOWN (If pulsida corporete limits, write RURA, and give neerest lown) write RURAL and give neerest town) Bethesda 15 houres d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, a ve street leddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Hos Madison Street, NO T Montgomer 536 certificate be executed 4. DATE and complete carbon papers nt, within 72 ! Year DECEASED OF (Type or print) DEATH 9. AGE (In years IF UNDER I YEAR) IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lest birthdey] Months Hours WIDOWED DIVORCED 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? a 18. CAUSE OF DEATH [Inter on y one couse per ne for (a), (b), and (c), ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) DJF TO Conditions, if any, which gove rise to immediate ceuse DUE TO (a), stating the underlying the buby ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA CONDITION GIVENIN PART 1.a., 19, WAS AUTOPSY PERFORMED? 208, ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) , 2Dd, INJURY OCCURRED 20g, PLACE OF INJURY (Home, form, 2Df, City or lown 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from JUNE 1959 to .19 4 K and that death occured at 10 3 K from the causes and on the date stated above. saw the deceased alive on... ATTENDING 225. DATE 22a. SIGNATURE MED. M.D PHYS. DIRECTOR 22d. ADDRESS FUNERA 22c. PHYSICIAN'S page 238. BURIAL, CREMATION, , 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) REMOVAL (Specify) Eurial 0:58 Rock Creek Cemetery 1-31-62 | Washington. 25e REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 8434ADDRESeorgia Ave. VR A15 (4) 15M 9/60 E. Pumphrey. Silver Spring, Md. Inc.



. 1		MARYLAND STATE DEPARTMENT OF HEALTH
71		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OR SETTIFICATE OF DEATH $(1) \times 1$
ther the control of t	1	1. PLACE OF DEATH 1. 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admiss on)
1 48 ()	AI	* COUNTY Montgomery MARYLAND A. STATE Maryland b. COUNTY Montgomery
of the	_/	b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest fown)
24 in by	,	write RURAL and give neerest town) Woodacres (Bethesda) Woodacres (Bethesda)
ithin a second	X	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
ely fi		3. NAME OF First Middle Sale A PART Month Day Year
cute plete	Α,	DECEASED DECEASED OF
exe com ifhin		5. SEX 6. COLOR OR RACE 7 MARDIED 8. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR) IF UNDER 24 HRS.
P P P		male white widowed Divorced 4/15/1883 last birthday) Months Days Hours Min.
ficate cian a ove o		10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE, County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if refired)
ertif nysic remo		Salesman Bakery Virginia U.S.A.
in a		13. FATHER'S NAME
dea indin		William Hoffman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address 5001 Welhouse 1
the atte Ther		(Yas, no, or unkown) (fryesgivewsrordstexofservice)
that the		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]
sicia Sicia d by Perm		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Elsebral Thrombour 24 hour
requence gane		133 A X DUE TO
Jaw Jing Etrai		Conditions, if any, which (b). asteriosalerosa
The trend s be suria		gave rise to immediate cause (a), stating the underlying DUE TO
Or all or all he b		Z PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
CIA Sital As to to	U	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBCTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 39. WAS AUTOPSY PERFORMED? YES \[\sum No \[\text{V} \]
PSI hosp certi use use		20e. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part II of Item 18.)
PH the this d for	i	206. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH URLE EITHER, NOTIFY MEDICAL EXAMINER)
The Fee		ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. While Not While at work at
det A		
C a g		21. I certify that (1) (this hospital) attended the deceased from. January 1960, 10. January 1960, 10. January 1960, 10. January
SEC.		saw the deceased alive on
O E S		ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D
TAIL Bage th th		22c. PHYS CIAN'S 22d. ADDRESS
Par NEN A. P		Glitton n. Gruver 913 19 37. W. W. 10 ash. L. QC
HO FU Porto		23a, BURIAL, CREMATION 23b DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State)
P _A G _A g		Burial 1/22/62 National Mem. Park Falls Church, Virginia 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS AD
VR A15 (4) 15M 9/60		The S. H. Hines Co Washington, D. C. DATE JAN 22 '62 Cuttury & Kingsh
		The state of the s



- I		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CA TO	X	00826 CERTIFICATE OF DEATH
an popular	M)	1. PLACE OF DEATH 1 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admiss on)
547		Montgomery Maryland Maryland
by the		b, CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)
in 2 d in es 1	1	Bethesda (Rural) 40 days Gaithersburg d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS e. IS RESIDENCE
His State of the s	- 1	ON A FARM?
be tel		U.S. Naval Hospital Rt.#1, Box 231 YES NO 13. NAME OF First Middle Last 4. DATE Month Dey Year
ecut pap		(Type or print) Robert (N) Horton OF DEATH January 7 1962
S CO CO		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE IN YEAR IF UNDER 14 HRS.
e be and carb		Male Caucasian wildowed Divorced February 8 1893 68 yrs. Months Days Hours Min.
ficat cian ove even		10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or lore gn country) 12 CITIZEN OF WHAT COUNTRY?
certi: hysi rem any	~	Farmer Missouri USA
ath ing b	1	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
dea dea dea dea dea de dea de dea de dea de dea de de dea de de dea de	1	Robert Horton Molly Mollie 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address
atte There	7	(Tes, no, or unkown) [[Ifyesgivewarordetesofærvice]
that the		yes WWI Wife Ethel Horton Same as #2 INTERVAL BETWEEN
d by Peri		PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (6) Carcinoma of stomach with widespread 3 mo.
phy phy igne isit		15/X DUE TO metastases
law ding en s f-tra		Conditions, if any, which (b)
The stem s be souria		geve rise to immediate cause (e), stating the underlying DUE TO
N: or a e a a the t	2	Cause lost. (c)
CIA iicat as to I		PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. e) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES 1. NO 1
VSI hosp certu		20e ACCIDENT WAS UNDERLYING [] , 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert Lor Pert I, of Iem 18.)
PH the for		OR CONTRIBUTING CAUSE OF DEATH (I) (IF EITHER, NOTIFY MEDICAL EXAMINER)
高を高する		20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20l. (City or town, County (State)) Hour a.m. While factory, street, office bldg., etc.)
De de la		Hour a.m. While Not While Pactory, street, office bidg., etc.)
2		21 I certify that (A (this hospital) attended the deceased from 29. November, 1961 to 7. January., 1962, that (A) (we) last
Page Selection of the s		saw the deceased alive on 7January1962., and that death occurred 400454M from the causes and on the date stated above.
O E D E S		22a. SIGNATURE ATTENDING MED. STAFF SIGNED
8 4 8 4 E	- 1	22c, PHYS.CIAN'S DIRECTOR PHYS X
PET N	- 1	NAME (Type) A.T. THORP LT MC USN U.S. Naval Hospital, Bethesda, Md.
Editor Files		238. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City town or county) (Sieta)
ပ်နှင်နှံ့စွ		Burial 1-10-62 Columbia Gardens Arlington, Virginia
VR A15 (4)		24 FUNTERAL DIRECTOR'S SIGNATURE Gaithersburg, Md. 258. REC'D BY REGISTRAR'S SIGNATURE
15M 7 61		Gartners Funeral Home, 316E Diamond Ave., DATE JAN 9 '62 Outland & Kung
		- mr

The Par

	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OR STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OR STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OR STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OR STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OR STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OR STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OR STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OR STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OR STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OR STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OR STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OR STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OR STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OR STATISTICAL RESEARCH AND RECORDS
M	1. PLACE OF DEATH a. COUNTY MONT GOMERY D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
13	OLNEY d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give streat address) d. STREET ADDRESS o. IS RESIDENCE ON A FARM
	Montgomery General Hospital Note: State of the state of
	5. SEX WALTER MCBAIN HOWES 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last burbday) Months Devs Hours Min.
	MALE WHITE WIDOWED DIVORCED 10/13/84 77 yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHP, ACE (County & Stele, or foreign count y) 12. CITIZEN OF WHAT COUNTR
	RETIRED FARM MARYLAND U. S. A. 13. FATHER'S NAME 14. MOTHER S MAIDEN NAME
ノ	JAMES HOWES 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no., or unknown) [lifyesgivewarordelesalservice].
	None Hospital Records 18 Cause of Death [Enter only one cause per line for (e), (b), and (c),] INTERVAL SETWEEN ONSET AND DEATH
V	IMMED ATE CAUSE (a) DRENCH UP NEUMONIA, PILIA EAL
	Conditions, if any, which (b) RACHEC BATICAITIS, ACUTE (a), stelling the underlying BUETO ACAT CAITIS, ACUTE
2	PART II. OTHER S GN FICANT COND T ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED?
	20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Ham 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	2Dc. TIME OF INJURY Month, Dey, Year 2Dd, INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 20f, [City or town) (County) (Stete) Hour e.m. While Not While et work et work et work
	21. I certify that (I) (this hospital) attended the deceased from fluid 13 12:35 to fact to , 1% 4, that (I) (we) la saw the deceased alive on 1968, and that death occurred at
	228 SIGNATURE ATTENDING MED. STAFF SIGNI
- 1	22c. PHYSICIAN'S NAME (Type) A. D. BONIFANT, M.D. 22d. ADDRESS SANDY SPRING, MARYLAND
	236. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 1-19-62 4 FUNERAL DIRECTOR'S SIGNATURE 23c. NAME OF CEMETERY OR CREMATORY Carmel 23d. LOCATION (City, fown or county) Sunshine, Md. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
CA.	Francis H. Barber Laytonsville, Md. DATE JAN 1 9'62 Curling & House



CERTIFICATE OF DEATH Reg. Dist. No. filed with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission COUNTY **b.** COUNTY 10000000 Montgomery Marvland Montgomerv funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ě RURAL and give nearest town) 000 Boyds d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS **# IS RESIDENCE** ON A FARM? YES 🗍 NO 🕟 9 NAME OF 4. DATE First Middle Last Month Dov Year Filled Inch **DECEASED** OF DEATH 464 USC (Type or print) 196 NUARU 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED Y 5 SEX B. DATE OF BIRTH lost birthday) Months Hours DIVORCED [WIDOWED 🔲 papers. Male White 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pup U.S. Invalid--Maryland pau offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME g physician remove carb Ella May Watkins Smith Hoyle 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (If yes, give war or dates of service) attending) 2 Mrs Smith Hoyle, Boyds, Maryland ecise. INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (o) (b), and (c)] ONSET AND DEATH ᇻ DEATH WAS CAUSED BY: NEUMONIA IMMEDIATE CAUSE (o) **DUE TO** ۵ permit. Conditions, if ony, which been signed gave rise to immediate DUE TO couse (a), stating the underpuo lying couse lost. burial-transit PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY CATION 6570 YES NO NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Doy, Year 20d INJURY OCCURRED 20f (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o m While Not while ot work 🔲 at work p. m. run 15 ... 1962that I last saw the deceased I certify that I attended the deceased from and that death occurred at 5.136AM, from the causes and on the date stated above. CCTOR ADDRESS (Street, city or town, state) det ACTUAL o FUNERAL DIRLO
page 3 should be
the registrar prior prior SIGNATURE PHYSICIAN'S John Fawcett NAME (Type) 220. BURIAL, CREMATION, 226 DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Presbyterian Boyds.Md Burial 0 **ADDRESS** 240, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE 23 FUNERAL DIRECTOR'S SIGNATURE Barnesville, Md VS A15 (4) JAN 1 9 '62 Orthung & House 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item & Film G505

law requires that the death certificate be executed within 24 hours after death



1		MARYLAND STATE DEPARTMENT OF HEALTH					
	(N)		DIVISION OF STATISTICAL RESEA	ARCH AND RECORDS, 301 CERTIFICATE O		ET, BALTIMORE 1, MA	CUS23
fumera should		1.	PLACE OF DEATH	2. 1	STA7F 4	deceased lived, if institution; Res	
4 2 Bee	(5)	-	CITY OR TOWN (if ours de korporate I mits, write RURALLand, give nessest town)	c LENGTH OF STAY IN 16	MARYLAN, CITY OR TOWN (If oulside a	prorata im is, write RURAL and g	ive neerest town)
in 24 d in b es 1 a aftegó	ン。	-	1. NAME OF HOSPITAL OR INSTITUTION (If not in he	1471N.	STREET ADDRESS	s	i e. IS RESIDENCE
with with			Suburban Hospit	e III	Box 20		YES NO
nplete		3.	NAME OF First DECEASED (Type or print) (3 A/3)	GIRL HUBB	AAD DER	TH JANUARY 2	9 Year 19 € ≥
be ex nd cor rbon within		5.	SEX 6 COLOR OR RACE 7, MARRI	ED NEVER MARRIED 8 DATE	E OF BIRTH	9 AGE (In yeers IF UNDER I YE lest buthdey, Months De	AR IF UNDER 24 HRS.
icate l	•	10e	USUAL OCCUPATION (Give kind of work IDb in during most of working life, even if retired)	TED DIVORCED JAN KIND OF BUS NESS OR INDUSTRY 11	BRTHPLACE (County & State	or oreign country) 12 CITIZE	N OF WHAT COUNTRY!
certifi physic premo	•		FATHER S NAME	. 14 /	MARY LY MOTHER'S MAIDEN NAME	ND G	SA
death ding please	T		JAMES NOAH	HUBBARD 1	TARY LOU	BUARMA	N
the cattern Then i		15. (Ye	WAS DECEASED EYER IN U.S. ARMED FORCES? 16, no, or unknown) (Ifyesgivewerordetesofservice)	. SOCIAL SECURITY NO.1 17. INFOR	FAT	Address I + E.R.	
cian by the srmit.			18. CAUSE OF DEATH (Enter only one cause per	line for (e), (b), end (c).)			INTERVAL BETWEEN ONSET AND DEATH
physigned nsil perion, c			751.1 DUE TO	ropen			_
e law inding seen s ial-tra crema			Conditions, if any, which gave rise to immed ate cause DUE TO	electors of h	y	×	
V: The or after the burner of			couse lest (c)_ (d)	ydroephali	- & Spin	Signal Signal Secondition of the part 10	NI 19 WAS ALTOPSY
CCLAN ipprintal a infricate e as the r to b	U	NOLLA	PART II, OTHER'S GNIFICANT CONDITIONS CO	NEXIBETING TO DEATH BUT NOT KEEN	TED TO THE TERMINAL DISEA	SE CONDITIONAGIAEN IN EXXII I	PERFORMEDI YES NO
HYSI ne hos is cert for us h prio		CERTIFIC	200. ACCIDENT WAS UNDERLYING 20b. DE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCR BE HOW INJURY OCCURED, Enter	nature of injury in Part Lor Pa	rt J of itam 18.)	
ING H d by fl viter th sched Healt		DICAL	20c. TIME OF INJURY Month, Day, Year 20d.		INJURY (Home, ferm, 20f (City or town) (County] (Stata)
Day Ander		MEDI	p.m. 19 et wo		124 1962	10 1/24 196	that (i) (we) last
A be Duid be ate De			saw the deceased alive on	19 6, 1, and that deat		2	
A may			William Flall	rem)) MO!	ATTENDING MED. DIRECTOR	STAFF PHYS.	SIGNED
PER. Page with	é		22c. PHYSICIAN'S NAME (Type)		2d. ADDRESS		
HOSPI eath P FUNE irector, p		23	BURIAL, CREMATION 23b. DATE THEREOF REMOVAL (Specify) 1-26-62	236. NAME OF CEMETERY OR CR SUBURBAN H		OCATION (City, lown or county) ETHESDA, M	ARYLAND
PR A15 (4)	^	24	CREMATION 1-26-62 FUNERAL DIRECTOR'S SIGNATURE MEHACC. CARTER, ADMIN	ADDRESS	25a REC'D BY REC	GISTRAR 256. REGISTRAR'S SIC	NATURE
15M 9/60	H.	1	(per F. O)	BETHESDA, MD	DATE JAN 3	0 02 00007 2.	, , , , , , , , , , , , , , , , , , , ,



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if instrictions Residence before edmission) e. COUNTY b. COUNTY Georgia Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate | mits, write RURAL and give nearest town) E LENGTH OF STAY IN 16 writa RURAL and give naerest town) 98 days Sumerville, (Bethesda d NAME OF HOSPITAL OR INSTITUTION (f not in hospitel, a ve street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? The Clinical Center, Bethesda ll. Md. Route # YES NO NO 3. NAME OF Month Middle 4. DATE DECEASED OF DEATH (Type or print, 19 62 Hughes Marv Fimma January 6. COLOR OR RACE 7 MARRIED X NEVER MARRIED 8 DATE OF BIRTH AGE (in years) IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months, September 28,1902 DIVORCED -Female W DOWED [10a. USUAL OCCUPATION IG valkind of work 1 12 CITIZEN OF WHAT COUNTRY? 105 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore gn country) dona during most of working life, avan if ratirad; U.S.A. Housewife Georgia None 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Bridges Leobelle Payton 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1/ INFORMANT The Medical Records (Yas, no, or unkown) | (Ifyesgivewarordatasofsarvice) Unascertainable The Clinical Center, Bethesda 14, Maryland 18. CAUSE OF DEATH (Enter only ona cause per the for (a), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Hemopericardium hours DUE TO Mycosis Fungoides years gava rise to immediate cause **DUE TO** (e), stating the undarlying Hydrothorase vears PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) TO, WAS AUTOPSY PERFORMED? NO 1 2Da ACCIDENT WAS UNDERLYING . 1 20b DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of Item 18) OR CONTRIBUTING CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINERS MEDICAL 20c. TIME OF INJURY Month, Day, Yaar 2Dd, INJURY OCCURRED , 2De PLACE OF INJURY (Home, farm, 2Df. (City or lown) (County) (Stata) factory, straat, office bldg., atc.) Whila Not While Hour s.m. at work et work 21 | certify that (K (this hospital) attended the deceased from October 23. .. 1961, to January 29., 1962, that (K (we) last saw 160 deceased give on January 29 ... 19 62 ... and that death occurred 11:30 Million the causes and on the date stated above. 22b. DATE SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. 22c. PHYSICIAN'S The Clinical Center, National NAME (Type) Paul P. Carbone, M.D. Institutes of Health, Bethesda li, Md. 23a. BURIAL, CREMATIONS, 1 23c. NAME OF CEMETERY OR CREMATORY O + B 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) 15M **■**/60 William & Toward

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ARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, if institution: Residence before edmission) a. COUNTY STATE **b.** COUNTY MONTGOMERY Ohio MARYLAND b. C.TY OR TOWN (if outs de corporate um ts. c. C.TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give necrest town) BETHESDA Hanoverton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? U. S. NAVAL HOSPITAL YES X NO P.O. Box 9 3. NAME OF Middle 4. DATE DECEASED (Type or print) HAROLD DEATH JANUARY HUK 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years I.F UNDER I YEAR) IF UNDER 24 HRS. last birthday) Months MALE CAU WIDOWED [DIVORCED August 14, 10e. USUAL OCCUPATION Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) USA Baden, Penna. Serviceman USN 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Sarah Emerick ARTHUR Conrad 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.; 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or detes of service) WIFE: Mildred F. Huk, MOX YES Oct 58 to date, 290 34 6000 Same as #2 18. CAUSE OF DEATH |Enter only one cause per line for (a , (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Basal Skull Fracture IMMEDIATE CAUSE (+) DUE TO Acute subdural hematoma Conditions, fany, which gave rise to immediate cause DUE TO (a), stelling the underlying Acute cerebral edema PART II. OTHER S.GNIF.CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,8) 19, WAS AUTOPSY PERFORMED? YES T NO F 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Part I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH Driver of car, which apparently missed curve and turned over. MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) While Not While at Work Intersection of Rt.2 & 17 Spotsilvania Co. . Va. 5,00 Jan. 12, 1,62 21. I certify that I took charge of the remains described above, held an Autopsy 🔀 . Inspection 🗍 and in my opinion death resulted from. Natural causes , Accident X. Suicide . Homicide [Undetermined manner should be forward runeral DIRE CHIEF MEDICAL EXAMINER ACTUAL Broachut M.D. DATE SIGNED SIGNATURE J. Broschart Address (Street, city, town, or county) 228. BURIAL, CREMATION, CHE 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country) (State) REMOVAL (Specify) Hanoverton. Ohio Hanoverton Cemetery g 4 0 Burial ADDRESWashington, D.C 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Cerring & House Home 1400 Chapin St. NW. 5M 7/59



00832

CERTIFICATE OF DEATH

Reg. Dist. No. (11) 826

М		COOL					Reg. Dis	17. 140.	() (20.1)
)	a. COUNTY Vont	gomery	MARYLAND	2 USUAL RESIDENCE (WI o. STATE Maryl	and	lived. If institution b. COUNTY			ission)
,w	Silver Sp	If outside corporate limits, write corest town? (Pural)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autude corporate limits, write RURAL and give nearest town) Silver Spring (Rural)					
	d. NAME OF HOSPIT OR INSTITUTION	At (If not in hospital, give stree wood Avenue	d STREET ADDRESS 607 Hollywood Avenue 607 Hollywood Avenue 607 Hollywood Avenue					A FARM2	
	3. NAME OF DECEASED (Type or print)	HOWARD First	Middle FRANCIS	tos! HUSTON	4. DATE OF DEATH	Januar y	No. of a	Day	Yeor 19 62
	5 SEX Malo	19716 5 4-6	RRIED NEVER MARRIED A	s date of Birth June 22nd, 18		AGE (In years last birthday)	Months	1 YEAR IF UN Doys Hour	
,	10a. USUAL OCCUPATION during most of world None	ON (Give kind of work done) 10th king life, even if retired)	None	Washington		ntry)		USA	AT COUNTRY
	Robert H	uston		Mary Kea					
	15 WAS DECEASED EVE (Yes, no. or unknown) Yes	R IN U. S. ARMED FORCES?		nformant anche M. King	, 1902.	14th S		.Wash.	D.C.
	Conditions, if a gove rise to i cause (o), stating lying cause tost.	mmediate the under- (c)	CONTRIBUTING TO DEATH BUT	el arterio			EN IN PART	INTERVAL ONSET AN 1 G G	ID DEATH
	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR HOUR O. m. P. m.	MEDICAL EXAMINER) Y Manth, Doy, Year 20d.		D {Enter nature of injury in ACE OF INJURY (Home, farm clary, street, affice bidg., etc.)), 20f (City o		(C	YES [NO [D
	21 I certify the alive an	at 1 attended the decea w. 14, 12 alter K. Ang	ork of work ones of the ores	2 , 19.6/, to 4 occurred at 21/5/ MD. 6300 -	P.M. from ADDRESS (Sire		nd an th		
		225. DATE THEREOF 1/19/1962	22c NAME OF CEMETERY CArlington Nat		22d LOCATIO Ar lin	N (City, lown on group, V	r county) irgin	ia (SI	ale)
	23 FUNERAL DIRECTOR W.W.Chambe	s signature rs, Inc. Silver	r Spring, Md.		D BY REGISTRA	20	TRAR'S SIG		
								Annual Printers and Publishers	The state of the s

TO HOSPITAL OR May be rely (4) 12W 8AR 12 (4) Poge 3 should be

O FUNERAL RECTOR: AI— his certificate has been signed by the attending physicion and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 or should be filled with the registrar prior to burial, cremation, ≡ removal, and in any ≡v≡nt within 72 hours after death.

IMYSICIAN: The low requires that the death certificate be executed within 24 hours after deat

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TON STREET, BALTIMORE 1, MARYLAND OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) a. COUNTY. **b. COUNTY** 윤건 MARYLAND CITY OR TOWN of outside corporete limits, E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) be axacuted within 24 d. NAME OF HOSPITAL OR INSTITUTION lift not in hospital, give street address) d. STREET ADDRESS 5 RESIDENCE ON A FARM? 3. NAME OF DECEASED OF (Type or orini) 5. SEX AGE (In years | IF UNDER I YEAR) 7. MARRIED NEVER MARRIED DATE OF BIRTH and last birthday! Months Days WIDOWED DIVORCED requires that the death certificate USUAL OCCUPATION (G ve kind of work 106, KIND OF BUSINESS OR INDUST 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) please attending p 1.16 SOCIAL SECURITY NO. 17 INFORMANT CAUSE OF DEATH [Enter only one cause per I ne for (e), (b), end (c)] ONSEL AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO Conditions, if any, which " (b) geve rise la immediale cause DUE TO (e), stefing the underlying couse lest, PART I, DIHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS ALTOPSY PERFORMED? NO X 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURED Internature of injury in Part I or Part I of Iam IB OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) [County] factory, street, office bldg., etc.) Hour e.m. While Not While at work F p.m. 20 4 196 2 that (1) (we) last A and that death occured at 130 M, from the causes and on the date stated above. saw the deceased alive on... 22a SIGNATURE 22b. DATE ATTENDING MED STAFF SIGNED PHYS. DIRECTOR PHYS. M.D 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23e. BURJAL, CREMATION, 23b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (CIT REMODIAL (Specify) 0 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) 15M 7J61 DATE JAN 9 arthur & Hears



- 1	.6	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M.	ARYLAND
G 10	1	CERTIFICATE OF DEATH	00852
the funera d 2 should ath.	M	1. PLACE OF DEATH a. COUNTY DON'T GOMERY b. CHY OR TOWN (1 outside Groote lim is, c. LENGTH OF STAY .N 1b c. CITY OR TOWN (2 outside Groote lim is, write RURAL state) 2. USUAL RESIDENCE (Where deceesed lived, if institution a STATE b. COUNTY MARYLAND c. CITY OR TOWN (2 outside Groote lim is, write RURAL state)	MTGOMERU_
iffin 24 I	, gui	BETHES DA A NAME OF HOSP TAL OR INSTITUTION (If not in hosp tell, give street abress	IS RESIDENCE ON A FARM?
mpletely f papers.		3. NAME OF DECEASED (Type or print) JOHNSON. MARY KOCKVILLE PIKE Month OF DEATH	Day Year Year 19 62
ate be ey an and co re carbon rent, withi		5 SEX 6 COLOR OR RACE Y, MARRIED WER MARRIED 8. DATE OF BIRTH FEYNOLE NO. 6 WIDOWED D. VORCED MONTHS 100 LSUAL OCCUPATION (376 kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11 B RTHPLACE (County & State or foil untry) 12. C	R 1 YEAR IF UNDER 24 HRS. Days Hours Min. ITIZEN OF WHAT COUNTRY?
hath certification physicial case removed in any ex-		done during most of working life, even if retired)	NITED States
of the deal of the strength of	(I	15. WAS DECEASED FER N. L.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Hyesg. vewer or detes of service) 218-370-349 Harry Follows	les Avenue
shysician, shysician, lined by th sit permit.	L	18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Broncho-Preumonia, a cute	INTERVAL BETWEEN ONSET AND DEATH
The law rateding parties been signatured by the signature of the signature		Conditions, if any which (b) gave rise to immediate cause (a), stating the underlying DUF TO	_
ASSICIAN: hospital or a certificate har use as the l prior to buris	Ĉ	cause lest. Column Column	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO W
ol by the After this letached fo		THE FITHER, NOTIFY MEDICAL EXAMINER!	ounly) (Stata)
R AT. Ny be r RECTOR: hould be colate Dept.		21 I certify that (I) (this hospital) attended the deceased from 1	the date stated above
ERA DI page 3 sl	1	ATTENDING STAFF DIRECTOR PHYS. DIRE	-20-62 SIGNED
death, F death, F director,	8	236. BURIAL, CREMATION, 236. DATE THEREOF 236. NAME OF CEMETERY OF CREMATORY 231 LOCATION (City, Town of COL REMOVAL (Specify) 1-23-62 HINROLD PARK TO CHARLEST PROPERTY OF CREMATORY 10-231-10	Md.
VE A15 (4 15M 9/60		24 FUNTERAL DIRECTOR'S SIGNATURE ADDRESS REGISTRAR 256 REGISTRAR 256 REGISTRAR 25 R	S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

Mary MAND Mont gami riy Mont granny spot ? אפי ינצוגיהר. WELLING DA I by forest mediangs. לטפת פוגו ליונו Jeanson, MARY m + 4 95 Francis Magaz WHEN PROYED hymre, in the world 1 mer. 1. Ad. 5 Asbacy tomson A rey deh . in a life ja . De . .

RYLAND STONE PROPERTY MENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) a. COUNTY a. STATE **b.** COUNTY Montgomery MARYLAND b. CITY OR TOWN (if outs de cosporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest low) E LENGTH OF STAY IN 16 write RURAL and prve nearest town) Silver Spring Washington. D.C. d. STREET ADDRESS e. IS RESIDENCE 15066 Harray of Mattellandir net in hospital, give street eddress) ON A FARM? Seymour Nursing Home 1401 21st Street.N.W. YES NO 4 3 NAME OF Middle Year Johnson 62 (Type or print) Marv DEATH January 19 5 SEX 6. COLOR OR RACE 7. MARRIED LAISVER MARRIED 9 AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. Jast birthday, Months Devs Female 867 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY B RTHPLACE (County & State, or fore on country) 12. CITIZEN OF WHAT COUNTRY? done during most of working trie, even it retired) New York U.S.A. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME --- Vanderpoel Unobtainable 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address 325 West 45th St. (Yes, no, or unkawn) | (If yes give we randetes of service) Miss Patricia M. Sinnott-New York. N.Y. no 18 CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 6. LEGWEL IMMEDIATE CAUSE (a) DUE TO artenoseleroris Conditions, 1 eny, which gava risa to immediate cause DUE TO (a), stating the underlying cause lest. PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (1) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO F 20a ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURED IEnter nature of injury in Part I or Part II of item 18 ii OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20a. PLACE OF INJURY (Homa, farm,) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20f. (City or town) (Stete) factory, street, office bldg., etc.) While Not While Hour e.m. at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from. January 1962 to . 19.6.2. that (I) (we) last 196.2., and that death occured at AM, from the causes and on the date stated above. saw the deceased alive on..... ATTENDING 22b. DATE 22a SIGNATURE SIGNED M.D. PHYS. DIRECTOR ADDRESS 22c PHYSICIAN S NAME (Type) 23d. LOCATION (City, lown or county) 238, BURIAL, CREMATION, 236, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Arlington National Cem. - Arling ton, Virginia 0 Buria REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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24 FUNERAL DIRECTOR'S SIGNATURE

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND RTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) PLACE OF DEATH o COUNTY MARYLAND Jantoo mek b. CITY OR TOWN (If outside corporate I faits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate imits, write RURA» and 5RED RURAL and give nearest lown) *KensiNGToへ* d. NAME OF HOSPITAL (If not in hospito), give street oddress ON A FARM YES TO NO NAME OF DECEASED Middle Lost (Type or print) DEATH 1960 2 IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 7. MARRIED T NEVER MARRIED X AGE (In years lost birthdovl Months WIDOWED | DIVORCED | 11-29 82 yrs 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Clerk Virginia 11.5.19 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17, INFORMANT Spring.Md No Mrs.Lillian Monther 800 Roeder Rd. Silver None 18. CAUSE OF DEATH [Enter only one couse per line (or (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 3 1200 A IMMEDIATE CAUSE (6) DUE TO oxemia Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SEGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PERFORMED? YES NO 📆 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e, PLACE OF INJURY (Home, form, Dov. Year 20d, INJURY OCCURRED 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.] Hour a. m. While Not while of work of work pm, 21 1 certify that (1) (this hospital) attended the deceased from Nov. ... 19e 2... that (1) (we) lost Vers 12, 1962, and that death occurred at 7 2.M. from the causes and on the date stated above ATTENDING MED DIRECTOR [22c PHYSICIAN'S 22d ADDRESS NAME (Type) 230 BURIAL, CREMATION 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City town, or county) (Stofe) REMOVA. (Specify)
Burial Cedar Hill Cemetery Prince Georges 1-18-62 Maryland Rece JADDRES 134 Georgia Ave 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE Warner E. Pumphrey. Inc. Silver Spring. Md. Outling & Hound 1SM 9/S9

TE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH e. COUNTY b. COUNTY Marvland Montgomery Montgomerv MARYLAND b. CITY OR TOWN (if outside corporate limits, e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Rockville Rockville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 322 Broadwood Drive 322 Broadwood Drive YES NO TO First 3. NAME OF Middle 4. DATE Yeer DECEASED RICHARD DEATH (Type or print) P. JONES Jan. 19 62 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE III years IF UNDER 1 YEAR I IF UNDER 24 HRS last birthday) Months, Days Hours Apr. 27. Male WIDOWED TO DIVORCED F 10a. USUAL OCCUPATION (Give kind of work 1 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHP, ACF (County & State, or foreign country) done during most of working life, even it retired) Nebraska Art Direcor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Julius Jones = Grace A. Thompson Ad dress 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO | 17 INFORMANT Yes, no, or unkown) [fyeig .ve wer or detes of service) Same as Item #2. Mrs. Jo B. Jones Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b,, end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (6) gave rise to immediate cause DUE TO (e), stelling the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS GIVEN IN PART IN WAS AUTOPSY PERFORMED? NO Z 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I or Port II of tem 18.) 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20s. PLACE OF INJURY (Home, ferm,) 20f. (City or town) (County, (Stata) 20c. TIME OF INJURY 20d. INJURY OCCURRED Month, Day, Yeer factory, street, office bldg , etc. While Not While Hour em. el work et work ib. m. 21. I certify that (I) (this hospital) attended the deceased from Marche 14th, 1953 to face, 12th, 1962 that (I) (we) last 19. 2 and that death occured at 5. 12M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE 5 GNED ATTENDING DIRECTOR PHYS. PHYS. 22c. PHYSICIAN S 22d. ADDRESS NAME (Type) 809 Viers Mill Rd. Rockville.Md. Hunter, Jr. Bowditch 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, fown or county) 123s. NAME OF CEMÉTERY OR CREMATORY Burial (Specify) Arlington National Arlington. Virginia Cem 25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Bethesda, Maryland Pumphrey, arthur & Kenya DATE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00838 CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission o. COUNTY b. COUNTY MARYLAND b CITY OR TOWN (If ourside corporater) mits write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) d NAME OF HOSPITAL (If not in hospital, give street address) e IS RESIDENCE **OR INSTITUTION** YES 🗔 NO 4. DATE OF DEATH NAME OF Middle Month Doy DECEASED (Type or priht) IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX MARRIED NEVER MARRIED 9. AGE (In years lost birthday) Months Doys Hours WIDOWED DIVORCED [10o. USUAL OCCUPATION (Give kind of work done 10b. 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) опо 13. FATHER'S NAME 16 SOCIAL SECURITY NO INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
[MMEDIATE CAUSE [6] DUE TO Conditions if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse last PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES T NO TO 20a, ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d, INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while at work of work p. m. 1962 hat I last sow the deceosed 21. I certify that I attended the deceased from. and that death occurred at 6 34 _M, from the causes and on the date stoted obove PHYSICIAN'S NAME [Type] 220. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (State) SHOLOM CEMETER 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR VS A15 (4) 15M 9/58



Item 2 Film G505 1/11/62 CERTIFICATE OF DEATH Reg. Dist. No. 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission a COUNTY filed b. COUNTY MARYLAND b CITY OR TOWN (If autside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town 8 RURAL and give nearest town! LNER /SPRING Washington, D. SILVERSPRING d NAME OF HOSP TAL (If not in hospital give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE 336 Jonquil St.N.W MG/HOME YES NO IX FAIRLAND NURSING HOME NAME OF DECEASED 4. DATE OF DEATH First Middle Month Day Year (Type or print) MOLLTE K ልጥ 2 JANUARY 1962 19 5 SEX 6. COLOR OR RACE 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Months Days Hours DIVORCED | 94 WIDOWED TY FEM ALE 10a USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 000 USA RUSSTA HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN SANDLER ${ t TSAAC}$ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Ď INTERVAL BETWEEN CAUSE OF DEATH [Enter only one couse per lime for (a), (b), and (c) PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underand lying cause ast. PART II. OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II ar Part II af item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home form, 20f (City or town) Day, Year 20d INJURY OCCURRED (County) (State) factory, street, office bldg., etc. Hour a.m. While Not while lat work | at work | | p. m. CLar 2 196 that I lost saw the deceosed 120 21. I certify that I attended the deceased from and that deoth accurred at 10 GM, from the couses and on the date stated above. alive on DATE SIGNED ACTUAL SIGNATURE should PHYSICIAN'S Dr. John E. Virnstein NAME (Type 22a BUR AL, CREMATION, 22b. DATE THEREOF 22d LOCATION (City town, or county) 22c NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 1962 OHEV SHOLOM-TALMUD CEM 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24h REGISTRAR'S SIGNATURE 24g REC'D BY REGISTRAR VS A15 (4) SONS 3501 14th St. 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Montgomery Montgomerv MARYLAND Maryland b. CITY OR TOWN (if outside corporale rimits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (floutside corporate imils, write RURAL and give nearest town) write RURAL and give neerest town) Bethesda Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO X 7508 BenAvon Rd. Suburban Hospital 3. NAME OF M ddle 4. DATE Month DECEASED OF (Typa or print) DEATH 1962 Charles Keating, Sr. January 26. and col 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. B DATE OF BIRTH last birthday) | Months Male White WIDOWED DIVORCED 10e USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY done during most of working life, even if relired) UZS.A. Kansas A.I.D. Director 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ellen Harrington James Keating 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unkown) , (Hyesg vewer ardates of service) wife-Jean M. Keating same as above None 18. CAUSE OF DEATH (Enter only one cause per fine for (e), (b), and (c) if INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8) DUE TO Conditions, if Eny, which geva rise to immediate causa DUE TO (a), stelling the underlying PART II. OTHER SIGN, F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE, ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 208 ACCIDENT WAS UNDERLYING [| 20b DESCRIBE HOW NURY OCCURED. (Enter neture of in ury in Part I or Pert II of Iem 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED, 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While While MEDI Hour n.m. et work et work 21. | certify that (I) (this hospita) attended the deceased from. and that death occured at 7. M. from the causes and on the date stated above. saw the deceased alive on ...! 228, SURMATURE ATTENDING SIGNED DIRECTOR NAME (Type) Dr. Michel M. Trent St., Chevy Chase, Md., 23d. LOCATION (City, lown or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Gate of Heaven Montgomery County. Buria 258. REC'D BY REGISTRAR | 256. REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 [4] Bethesda. Md. arthur S. Kross PUMPHREY 15M 9/60 DATE

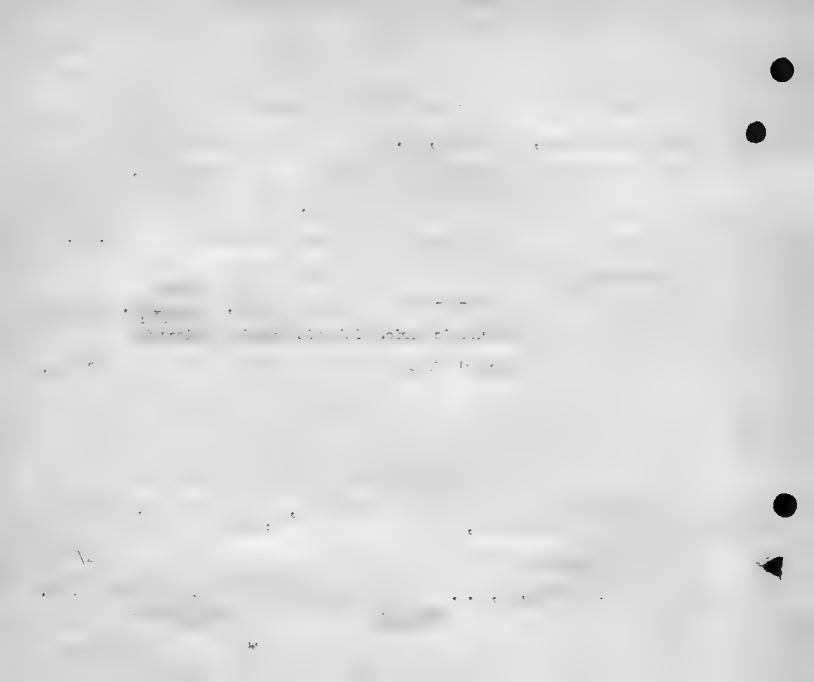
within

physician

RYLAND STATE DEPARTMENT OF HEALTH



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 7. USUAL RESIDENCE (Where deceased lived, Il institution, Residence before admission) e. COUNTY **b.** COUNTY Virginia Arlington Montgomery MARYLAND b. CITY OR TOWN (if outside corporete limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (II outside corporate limits, write RURAL and give nearest .own) write RURAL end give nearest lown) Alexandria Bethesda d NAME OF HOSP TAL OR INSTITUTION (finot in hospile, give street eddress) d STREET ADDRESS a IS RESIDENCE ON A FARM? The Clinical Center, Bethesda 14, Md. 2 Namassin Road YES NO 2 3. NAME OF DATE DECEASED DEATH January 3. 62 (Type or part) Abraham Kekst Zalman 6. COLOR OR RACE 7. MARRIED NEVER MARR ED B DATE OF BIRTH AGE (In years IF UNDER I YEAR) IF UNDER 24 HRS. lest birthdey) Months White WIDOWED [D. VORCED Mala July 27. ever 100 USUAL OCCUPATION (G've kind of work 10b KIND OF BUSINESS OR INDUSTRY 11. BRIHP, ACE (County & State, or fore an country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired! U.S.A. Government Massachusettes Attorney 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anna Lewensohn Jacob Kekst 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Records [Yes, no, or unknown! ! [If yes give wer or detes of service] The Clinical Center, Bethesda lu. Maryland ____ 18. CAUSE OF DEATH [Enter only one cause per | ne for (e), (b), and (c), [ONSET AND DEATH H WAS CAUSED BY: DUE TO (a) Gaucher's disease 30 years gave rise to immediate cause DUE TO (e), stating the underlying PART I, OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20%, ACC.DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part I of Itam 18.) 20c. TIME OF INJURY Month, Day, Year 20d INITIRY OCCURRED 1 20e. PLACE OF INJURY (Home, ferm. 20t. (City or town) factory, street, office bldg., etc.) Not While Hour e.m. While et work et work 21. I certify that (I) (this hospital) attended the deceased from January 3, ..., 1962, to January 3, 19.62 that (I) (we) last saw the deceased alive on January 3,19...62., and that death occurred at 6.120 PM on the causes and on the date stated above. 22b. DATE 22e. SIGNATURE 162 SIGNED ATTENDING PHYS. DIRECTOR M.D. 22c. PHYSICIAN'S The Clinical Center, National NAME (Type) Of Health, Bethesda ll. Md. 236. BURIAL, CREMATION | 236. DATE THEREO (Stete) REMOVAL (Specify) 250. REC'D BY REGISTRAR 1.256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Cuthur & Henry 15M 9/60



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 00843 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY **b.** COUNTY PRINCE GEO. PARTICIPAL. ont a omeru b. CITY OR TOWN (If autside aproparate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) RURAL and give nearest town) Mount Rainier 10-15 bma d NAME OF HOSPITAL (If not in hospital give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 3360 CHILLUM YES NO IN ashina NAME OF Middle Last 4. DATE Month Doy Year filled OF DEATH 19 62 CITTUCIVE JE JNDER I YEAR JE UNDER 24 HRS MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years last birthday) Months Days DIVORCED [WIDOWED | 100 JSUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.5A. MARYLAND 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMAN 듄 (Yes, no, or unknown) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. HYDERBILIRUBINEMIA IMMEDIATE CAUSE (o) DUE TO 29 HOURS ABO BLOOD ENCOMPATABLE Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY YES NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, farm, 20f. (City or fawn) 20d INJURY OCCURRED Day, Year (Caunty) (State) factory, street, affice bldg, etc.) Haur o. m. While Nat while at work at work p. m. 2) I certify that (1) (this hospital) attended the deceased fram....... 1962 to __ 1-9, 19.62 that (1) (we) last 1-9-19.62 and that death accurred at 7.3 M, from the causes and an the date stated above saw the deceased alive on 22a SIGNATURE 22b. DATE ATTENDING SIGNED marin M D PHYS DIRECTOR [22c. PHYSICIAN'S 22d ADDRESS NAME (Tye 6811 Riggs Rd., Hyattsville, Md. L. Sartwell. M. 230 BURIA, TREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORS 23d LQCATION (City Joyn, or county) ADDRESS 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE TSM 9/59

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) COUNTY sector. Page your files. **b. COUNTY** MARYLAND c. LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporete limits, write RURAL and give negrest town, d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g.ve streat activess) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO retaine 3. NAME OF DATE DECEASED OF (Type or print) DEATH With 6. COLOR OR BACE 7. MARRIED NEVER MARRIED 9. AGE In years | IF UNDER I YEAR IF UNDER 24 HRS. las Virthday) Months WIDOWED [DIVORCED and 106, KIND OF BUSINESS OR INDUSTRY (State or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) PM3 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCEST 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, po_bc_unkown) | (If yes give wer or detes of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which Exemine's gave rise to immediate cause (a), stelling the underlying cremetion, o cause last. PART II. OTHER SIGNIFICANT COND.T ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY CERTIFICATION PERFORMED? certificate, writing the word rded to the Chief Medical LECTOR: Page 3 should be NO R 20a. EXTERNAL CAUSE WAS (20b. /DYSCRIBE HOW INJURY OCCURED, (Enter neture of injury In Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. to the Cri. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF NJURY (Home, form,) 20f. (City of town) (County) (State) factory, street, office bldg., etc.) While _Not While et work at work 21. I certify that I took charge of the remains described above, held an Autopsy | |. Inspection | Inquiry A and in my opinion DIRECTO death resulted from. Natural causes X Accident . Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER should be surver FUNERAL DI r its designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED NAME (Type) OSChart Address (Street, city, lown, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Steta) REMOVAL (Specify) 240 g 1-29-62 Burtonsville Union Cemetery Burial Burtonsville Maryland ADDRESSeorgia Avenue 24s. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME () hun & threes Pumphrey, Inc. Silver Spring, Maryland DATE

OR ATTENDING PHYSICIAN: The law requires that the death certificate by may be retained by the hospital or attending the DIRECTOR: After this certificate.

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, if institution: Residence before aim ssion) a. COUNTY **b.** COUNTY Maryland Montgomery Montgomery MARYLAND b. CITY OR TOWN if outs de corporeta limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. LENGTH OF STAY IN 16 write RURAL and give nearest town) Rockville Rockville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 300 Baltimore Road 300 Baltimore Road YES NO 3. NAME OF Middle 4. DATE Month Year DECEASED OF (Type or print) DEATH FOREST KING 19 62 January 13. 5. SEX 6. COLOR OR RACE | 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED [act birthday] Dec. 31,1893 Male White WIDOWED [DIYORCED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if retired) Retired Farmes Farming Maryland **TISA** 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME E. D. King Gertrude Lawson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Addrass (Yes, no, or unknwn) | (If yas giva war or datas of service) Pearl E. King-Item # 2 None 18. CAUSE OF DEATH [Enter only one cause per I ne for (a,, (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO cave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CERTIFICATION PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 🔲 | 20b. DESCRIBE HOW INJUST OCCURED. (Enter natura of in vry in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm.) Month, Day, Year 20f. (City or town) (County, (State) factory, street, office bldg., etc.) Hour e.m. White Not While at work at work . 19.5 2 that (I) (we) last19...6....2. and that death occured at Lacity, from the causes and on the date stated above. 22a, SIGNATURE 22b. DATE ATTENDING PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Stephen N. Jones 809 Viers Mill Road, Rockville, Md. 238. BURIAL, CREMATION | 236, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Buria Park lawn Rockville, Maryland ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNÁTURE Tyson Theeler Funeral Home-1331 E. Montg. Ive. JAN 1 5 '62 Rockville, Maryland

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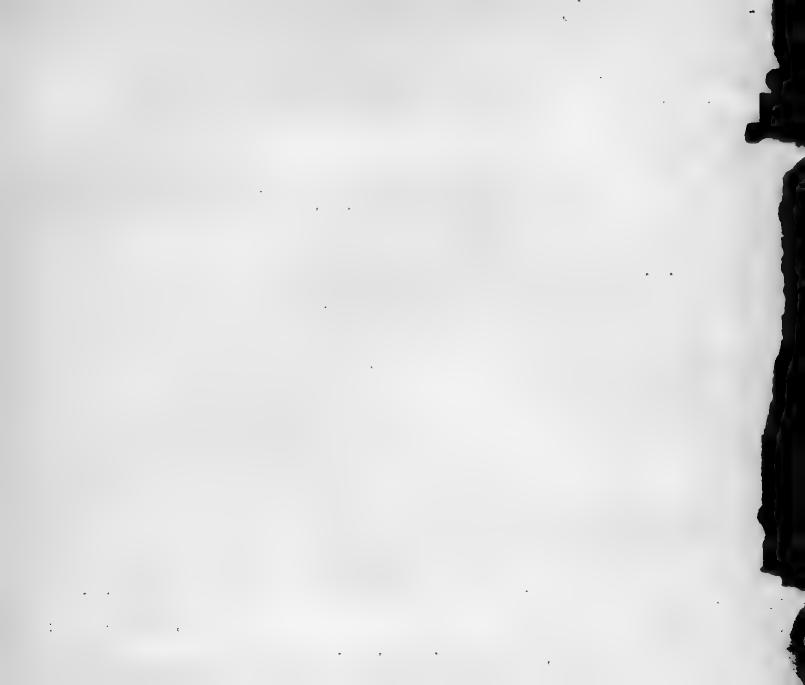
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AND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00845 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) " MONTGOMERY OF COLUMBIA COINTY MARYLAND c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 kensington WASHINGTON d, NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? CATHEDRAL AVE., N.W. KENS INGTON GARDENS NO 🗗 NAME OF DECEASED Middle OF DEATH MARY C KINNEY JAN 19 62 (Type or print) 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX last birthday) Manths Days FEB 19,1877 ETEM ALIB WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY) 11 BIRTHPLACE (State or foreign country) UNKNOWN UNKNOWN WASHINGTON, D. C 12. CITIZEN OF WHAT COUNTRY? **USA** WASHINGTON. D.C. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME LOUISE. C. KATLIN UNKNOWN 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 725 15th ST. N.W A.G.NICHOLS.JR. UNKNOWN UNKNOWN NONE WASHINGTON. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c)] ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **DUE TO** erzhe Heert Discese Conditions, if any, which gave rise to immediate cause (a), stating the under-Pum onis lying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS' PERFORMED? YES NO T 28a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form \$20f. (City or town) 20d. INJURY OCCURRED (State) Day. Yeor (Caunty) factory, street, affice bldg., etc.) Hour a.m. While Nat while at work at wark p. m. 21. I certify that (I) (this haspital) attended the deceased fram.... 1942 and that death accurred at 35M, from the causes and on the date stated above. saw the deteased alive an 22a SIGNATURE SIGNED ATTENDING PHYS DIRECTOR | MD 22c. PHYSICIAN'S 22d, ADDRESS Boor stimer, Jr. 255 Ave NW. 23d LOCATIONY(City, tawn, or county) 23c NAME OF CEMETERY OR CREMATORY 23g BUR AL CREMATION, 23b DATE THEREOF REMOVAL (Specify) 256, REG STRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE AND RECYCL BY REGISTRAR VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 111246 Reg. Dist. No. I director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission a COUNTY · STATE ARYLAND **b.** COUNTY MONTGOMERY MARYLAND MONTGOMERY unero CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) RURAL and give nearest town)
SILVER SPRING STLVER SPRING d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 11119 NORLEE DRIVE BEL PRE NURSING YES NO TA NAME OF 4. DATE First Middle Month Year OF DEATH HILDA KLINE JAN. (Type or print) 19 S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years last birthday) Months Davs JULY 4,1881 WIDOWED IX DIVORCED [7] REMATE YES. 100. JSUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 13, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) RUSSIA USA HOUSEWIFE 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME SUSAN GALE ALAN MOSTOW эмоше IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO INFORMANT Address Hending MEYER BARWESS-11119 NORLEE DR., S.S., MD. NO 1B CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Chestro IMMEDIATE CAUSE (a) **DUE TO** Canditians, if any which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of Item 18.) 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Hame, farm, 20f (City or town) Day, Year 20d INJURY OCCURRED (County) (State) factory, street, affice blda., etc.) Haur a.m. Not while at work at wark p. m. to JAN, 22, 1962that I lost saw the deceased 21. I certify that I offended the deceased from _______ . 19 1962, and that death occurred at 2300M, from the causes and on the date stated above. PHYSICIAN'S S AMITEL DESSOFF NAME (Type) 22g BURIAL CREMATION. 22d LOCATION (City, tawn, ar county) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) WASHINGT ON. Burial ELESAVETGRAD CEMETERY 0 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR SONS 3501 VS A15 (4) 2 5 762 Cl J. A 3. Hours 1SM 9/SB



1	3		MARYLAND STATE DEPARTMENT OF HEALTH	
l.	!		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
L 65	_		GORA7 CERTIFICATE OF DEATH	00841
funda			PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, if institute at COUNTY and COUN	tion, Residence before admission)
247	IVI,		9. STATE 31 5 3 0. COOKIT	lontgomery
by 17 and death	_/		b. CITY OR TOWN (flours de corporate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If ours de corporate limits, write RURAL and give nearest town)	At and give nearest town)
in E s 1 is fer o	,	_	Bethesda // Rockville	
it it is a second	.7		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	o. IS RESIDENCE ON A FARM?
A Sign			Suburban 1233 Simmons Dr.	YES NO V
cule.		d.	DECEASED	Day Year
exe mo: d u		5	Lucille D. Koshnick Death January SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF U	
nd o		ļ .	— — — — — — — — — — — — — — — — — — —	
and and a			B. USUAL OCCUPATION (Give kind of work 10b, XIND OF BUSINESS OR INDUSTRY 11, B RTHPLACE (County & State, or orange country) 1	2. CITIZEN OF WHAT COUNTRY?
sicit		do	Retired Nurse Mich.	USA
Phy ere		13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	USA
eath ling leas			Joseph Koshnick Mary Greens	
tend ten p		15.		Rockville. Md.
e at			WW 1 yes None cousin, G.L. Healey- 13103 Arct	ic Ave.
s the			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
wire ysici yd b Per			PART I. DEATH WAS CAUSED BY. JAMEDIATE CAUSE 16, Carcinoma of lung with instaste	wood Light
red igneralisment			DUE TO	
ding ding ding ding ding			Conditions, if any, which gave rise to immediate cause	n 30%-0
The step step step step step step step ste			(a), stating the undarlying DUE TO	
or of the hand		z	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SPASE CONDITION GIVEN IN	PART I(e) 19. WAS AUTOPSY
CITA fical fical as to	A	CATION	Consecutive Granden.	PERFORMED? YES NO 1
PSI hosp certifi use vrior	L	43.	20a. ACCIDENT WAS UNDERLYING _ 20b. DESCR.BE HOW INJURY OCCURED. (Internal use of injury in Part I or Part II of Ital 18.)	EXC. THE
PH the this for		CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
Fred to the total of the total		CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town)	(County) (State)
o start		MEDI	Hour a.m. While Not While factory, street, office bidg., etc.]	
626			21. I certify that (I) (this hospital) attended the deceased from DCT 1959, to 930 ca.	., 196.2 that (I) (we) last
A S S S S			saw the deceased alive on	
OR OR			22a S GNATURE /// // ATTENDING MED STAFF _	22b. DATE SIGNED
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			22c PHYSICIAN S DIRECTOR PHYS. DIRECTOR PHYS.	- 1-4-6-27
With Will	-1		22c. PHYSICIAN S NAME (Type) W. G. Hall 615 W. Mont Tooltery Aut	ROCKULLIE MY
HOSH afh. F FUNI ector,	- J	22	IA. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or	county) (State)
A C C C C C C C C C C C C C C C C C C C		l	REMOVAL (Spacify) 1/8/62 Arlington Cemetery Arlington,	Virginia
VR A15 (4)		_	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTR	
15M 9/60]	Robert A. Pumphrey, Bethesda, Maryland DATE JAN 9 '62 24	of S. Krima
		'=		



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND funeral should Item 8 Film G 2. USUAL RESIDENCE (Where deceased lived, If Institution Residence befole Edgission) PLACE OF DEATH a. COUNTY * STATE Maryland b, COUNTY Montgomery 45° MARYLAND by th b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give searest town write RURAL and give nearest town) Bethesda (rural) 127 days Takoma Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? U.S. Naval Hospital Bethesda, Md. 1205 Prospect Street YES NO T 3. NAME OF Middle 4. DATE Year DECEASED OF (Type or print) ALBERT WINSTON KRAFT DEATH 19 62 January 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 1909 and last birthday | Months Make Cauc WIDOWED | DIVORCED January physician 10a. USUAL OCCUPATION (Give kind of work TOP KIND OF BUSINESS OR INDUSTRY BRIMPLACE (County & Stelle or lareign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Civil Service Plumber Washington. D.C. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then please .⊑ attending and Philip H. Kraft Anna S. Cardozo 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) | (ffyesgive war or dates of service, WW II & Korean Mrs. Lucille M. Kraft same as #2 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY ASTROCYTOMA IMMEDIATE CAUSE IA **DUE TO** Conditions, fony, which gave trie to immediate cause DUE TO (e), stating the underlying PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY CERTIFICATION 2 8 F RFORMED? NO DE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part li of item 18) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, ferm. (County) (State) Month, Dev. Yeer factory, street, office bidg., etc.) While Not While Hour a.m. et work at work 21. I certify that (this hospital) attended the deceased from September 23.9.61 to January 27, 19.62 that (we) last saw the deceased alive on January 27, 19, 62 and that death occured a 9:364, PMm the causes and on the date stated above. 228. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S FUNER U.S. Naval Hospital, Bethesda, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 23a, BURIAL, CREMATION, | 236 0 Arlington National Cemetery Address Washington, D. B. REC'D BY REGISTRAR 256. REGIST Furaeral Home 131-11th STATE AN 3 0 '62 15M 7/61

law requires that the death certificate be executed within 24

RYLAND STATE DEPARTMENT OF HEALTH



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY **b.** COUNTY Mont come wi b CITY OR TOWN (it out de corporata limits, write RURAL and give needest town) MARYLAND Maryland montgennery E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give necrest lown, Junco Jan 17, 196: Silver Spring To Korona Pack June Jon 1, I de NAME OF HOSPITAL OR INSTITUTION (If not in hospital, giva freet address) d STREET ADDRESS IS RESIDENCE ON A FARM? YES NO X Rd Saurtarium 4 Capling NAME OF DATE DECEASED OF (Type or print) DEATH 1962 Kuy Ken dall ASVINSAN AGE (In yeers | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS last birthday] | Months WIDOWED X DIVORCED Female 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired OWN HOUSE W. Fre 13. FATHER'S NAME 14. MOTHER'S MANDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (Ifyes give war or dates of service) 11708 Capling C & S.S. /nd 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)] ONSET AND DEATH PART DEATH WAS CAUSED BY 10 dans IMMED ATT CAUSE (e) DUE TO Conditions, if ony, which (b) gave rise to immediate cause DUE TO (a), stating the underlying PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6.) 19 WAS AUTOPSY PERFORMED? SUNDERLYING | , 206 DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Port) of Port II of Irom 18.) 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (County) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or lown) (State) fectory, street, office bldg., etc.) Not While While Hour a.m. el work et work 21. I certify that (I) (this hospital) attended the deceased from Jan. 17, ..., 12,62, to Jan. 27, ..., 196.2, that (I) (we) last saw the deceased alive on Jan. 26, 19.62, and that death occurred at 9 mm, from the causes and on the date stated above 220 S GNATURE STAFF S GNED DIRECTOR | 22c. PHYSICIAN'S COHEN M.D. 1106 SPRING 23a BURIAL, CREMATION, 23b, DATE THEREOF 1 23d. LOCATION (City, fown or county) (Stete) REMOVAL , Specify) 0 8 8 GREENWELL CEMETERY MINERAL 2+34ADDRESS GEORGIA AVEZSO. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7,61 Civing S. House



RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 00850PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) filed a. STATE COUNTY **b** COUNTY MARYLAND uneral 2 b CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside conforcte limits, write RUBAt-and give nearest town) RURAL and give nearest town) 2031149700 NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES | NO .0 NAME OF Middle 4. DATE Year Last Month Day DECEASED OF (Type or print) DEATH 19600 S SEX 6 COLOR OR RACE AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Months Days Hours WIDOWED 5 DIVORCED [T 60 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo 2045e WI 13. FATHER'S NAME 14. MOTHER'S MAIDEN HAMI ⊆ physician ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT aftending p 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, hich gned gave rise to immediate DUE TO cause (a), stating the underlying cause lost. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c, TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, , 20f (City or town) (County) (State) factory, street, office blda., etc.) Hour o.m While Not while of work at work p. m. 19 62 that (1) (we) lost 21 | certify that (1) (this haspital) attended the deceased fram.... and that death accurred at M, from the causes and an the date stated above saw the deceased alive on 220 SIGNATURE 22b DATE ATTENDING S GNED 22c. PHYSICIAN'S FUNERAL D NAME (Type) page 3 sh the State BURIAL CREMATION, 236 DATE THEREOF 23d LOCATION (City, OR CREMATORY 25b REGISTRAR'S SIGNATURE FLINERAL DIRECTOR'S SIGNATURE 25a REC'D BY REGISTRAR **VR ATS (4)** DATEJAN 8 162 ISM 9/59



	MARYLAND STATE DEPARTM	MENT OF HEALTH—BALTIM	ORE, 18
	GOSSI CERTIFIC	ATE OF DEATH	Reg. Dist. No.
M)	1 PLACE OF DEATH 5. COUNTY HONTGOMERY MARYLAND	2 USUAL RESIDENCE (Where deceased lived a. STATE Maryland	b. COUNTY Montgonery
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporale lines	mils, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS	o is residence on a Farm? YES \(\) NO [[
	3. NAME OF First Middle DECEASED (Type or print)	La Cross 4. DATE OF DEATH	Month Doy Yeor January 24 1962
	5. SEX 6. COLOR OR RACE 7. MARRIED \square NEVER MARRIED \square WIDOWED \square DIVORCED \square	8 DATE OF BIRTH 9. AG	E (In years IF UNDER 1 YEAR IF UNDER 24 HR: I birthdoy)
	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Casterves Mix	12. CITIZEN OF WHAT COUNTI
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME ROSEMARY Mc Le	ermot.t.
	Jean Claude La Croix 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 (17 yrs. 8'vs war or defect of service)	INFORMANT	Address
	492X DUE TO	ial pneumonitis, viral n,larynx and trachea, mach contents	from
(1	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY Acute hypoxia, manifested by, peter 200. ACCIDENT WAS UNDERLYING (1) 200. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING (1) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		and heart YES NO
	20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e I While Not white of work of or work	PLACE OF INJURY (Home, form, 20f. (City or tow foctory, street, office bldg., etc.)	rn) (County) (Slate
	21. I certify that I attended the deceased from 1:22 alive an 1:22, and that deal actual SIGNATURE 1 SIGNATURE	th accurred at 2:10PM, from the ADDRESS (Street, c	ity or town, state) DATE SIGN
	PHYSICIAN'S NAME (Type) "Hilliam F. Luckett H.D.	5000 Reno Rd. N.1	
1	220. BURIAL, CREMATION, 22b. DATE THEREOF 22C NAME OF CEMETERY	Cometing for	City Iown, or county) (Stole)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNATURE /

FILM \$207- 21.11 - BRIGIAN CEPTIFICATE

UNDER HOOF OF NAME OF ME INDA CHATLYE.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00852

00845

Ī	PLACE OF DEATH a. COUNTY	16k	44 ABVI ABA	o STATE .	ENCE (Where decease	d lived If instituti	on Residence b	pefore admission)	
		Montgomery	MARYLAND		aryland		Somer		
	RURAL and give ne	If autside corporate limits, write parest town) R SPRING	c. LENGTH OF STAY IN 16		OWN (If outside corpo crisfield	orate limits, write R	URAL and give	nearest tawn)	
l.H	d. NAME OF HOSPIT	AL (If not in haspital, give street		d. STREET A	DDRESS			e. IS RESIDENCE	
	OR INSTITUTION	LAND NURSING	House		Macksonvill	e Rđ.		YES IK NO	
ŀ		TAND TORGING		lt					
ľ	I. NAME OF DECEASED (Type or print)	ETHEL	PRISCILLA	LAIRD) OF	Man	ith	1 1962	
- [S. SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B DATE OF BIRTH		9. AGE (In years		FAR IF UNDER 24 HRS.	
1	FEMALE	WHITE WIDOW	ED 😿 DIVORCED 🔲	Sept. 26	, 1883	last birthday) 78 yrs	Manths Da	ys Haurs Min	
Ī	0a USUAL OCCUPATIO	ON (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPL	ACE (State or foreign c	ountry)	12 CITIZEN	OF WHAT COUNTRY?	
1	Housewife	king life, even if retired)	Own home	Crist	ield, Mary	land	US	A.	
Ī	3. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME				
	William Tho	omas Daugherty		Saral	Catherine	Pope			
Ī	5 WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16 (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17 H	NFORMANT		Add	ress		
	No	None	None M	cs. Charl	ton Marsha	ll, Cris	field,	Maryland	
Γ		ATH [Enter only one couse per li	ne far, (a), (b), and (c).)					INTERVAL BETWEEN	
	PART I DEATH WAS CAUSED BY Kenal Insufficiency							72 Tun-	
	24.	Conditions if any, which (b) Jenuslyed arteriorlesses							
	Conditions if any, which) (h) Jeneralized arteresclesses								
	gave rise to i	gave rise to immediate (Due 10							
1	lying cause last.	coase (a), storing the anger-							
	PAM II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(g) 19 WAS AUTOPSY								
		Coronary attry lineage : Bucketon Melitics YES NOT							
	20- ACCIDENT WA	CONTRACT TO THE	CRIBE HOW INJURY OCCURRE					I IESTI NOTI	
		AS UNDERLYING AS UNDERLYING	CRIBE HOW INJURY OCCURRE	D. (Ellier holore d					
			£	ACE OF INJURY (I	dame, farm, 20f (City	y or town)	(Cavi	nty) (State)	
	Aur o.m.	19 While	k at wark	^ 4		1	,		
	21 I certify the	it (I) (th is hospital) attend	ded the deceased fram.	July	9	Jan 1	1962	that (I) (see) last	
	saw the deceas	sed olive on Dec	30 1964, and that a	death occurred	1 at 3 4 M. from	The causes ar	id on the d	ote stated above.	
	22a S GNATURE	. 5. :-				السائد المناسب	201 0 175		
	Barne	nd a copy en	M D PHYS DIRECTOR PHYS D 1-1-62						
	22c PHYSICIAN'S	22c PHYSICIAN'S			ZZG ADDRESS				
	BERN	IARD A. FITZG	217 UNIVERSITY BLUDE, S.S., Mex.						
[3a BURIAL, CREMAT C	N, 23b DATE THEREOF	23c NAME OF CEMETERY C	R CREMATORY	23d LOCA	TION (City, town,	ar county)	(State)	
	Burial (Specify)	1/3/62	Sunnyridge Co	emetery	Crisf	ield, Ma:	ryland		
	24, FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS		2Sa. REC'D BY REGIS	TRAR 25b, REGI	STRAR'S SIGN	ATURE	
	Bradshaw &	Sons, Crisfiel	d. Maryland		DATE JAN 4	¹62 €	Irihun S.	Thus	

HYDICIAN: The law requires that the death certificate be executed within 24 hours after death. may be retailed by the notice or attending physician.

TO FUNERAL DIFFCTOR: After this certificate has been signed by the attending physician and camp et page 3 should be detached far use as the burial-transit permit. Then prease remove carbon papers, the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after the state Board of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after the state Board of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after the state Board of Health prior to burial, cremation, are removed. TO HOSPITAL OR

etely filled in

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VR A15 (4) 15M 9/S9



AND STATE DEPARTMENT OF HEALTH TICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased Irved, If institution: Residence before edmission) , COUNTY b. COUNTY lontao meru MARYLAND bntaomer4 b. CITY OR TOWN (if outside corporete limits, E. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 RURAL and give hearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in trospital, give street address) e. IS RESIDENCE ON A FARM? rooke oundati YES NO X NAME OF Middle DATE Month Yeer DECEASED OF (Type or print) DEATH 5. SFX B. DATE OF BIRTH AGE (In years IF JNDER 1 YEAR I IF UNDER 24 HRS 7. MARRIED TO NEVER MARRIED last buthday) Months Days Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12 CITIZEN OF done during most of working life, even if retired) Housewife Home 13. FATHER S NAME 15. WAS DECEASED EVER IN J S. ARMED FORCES? (Yes, no, or unknown) I (If yes give we not detectively 18. CAUSE OF DEATH [Enter only one cause per line for ,e], (b), and (c INTÉRVAL BETWEEN ONSET WND DEATH PART I. DEATH WAS CAUSED BY: MMMED ATE CAUSE (e) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (e), steting the underlying PART I OTHER S GNIFICANT COND TONS CONTRIBUTING O DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? NO 200 ACCIDENT WAS UNDERLYING L. OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pent I of Item 18,1 20c TIME OF INJURY Month, Day, Year 20d. NJURY OCCURRED 20e PLACE OF NIURY (Home, farm, 20f., (City or town (County) (Slete) fectory, street, office bldg., etc.) White Not While Hour e.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from... ...19.6/..., and that death occured at 3:30 saw the deceased alive on. 1.4 from the causes and on the date stated above 22e SIGNATURE 22b, DATE ATTENDING SIGNED DIRECTOR PHYS. PHYS M D 22c. PHYSICIAN'S 22d, ADDRES NAME (Type)

completely and co death certificate physician se reprove o , o 100 950 certif A Q e feath. Par FUNER lirector, pa £ 2. 0 VR A15 (4) 15M 7 61

CERT.FICATION

MEDICAL

by the and 2

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within

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paper:

24 FUNERAL DIRECTOR'S SIGNATURE Barber Francis H.

REMOVAL (Specify)

Remo val

23a. BURIAL, CREMATION 23b DATE THEREOF

Greenwood Cemetery ADDRESS Laytonsville, Md.

MAME

23c

OF CEMETERY OR CREMATORY

23d. LOCATION (CA) Rown or county Zanesville, Ohio

25a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Cirthun S. Heaves DATE

(Stete)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00854 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edm ssion) e. COUNTY b. COUNTY Montgomery MARYLAND Many Land b. CITY OR TOWN (if outside corporate lim is. c LENGTH OF STAY IN 15 c. CITY OR TOWN (If outs de corporate l'mits, write RURAL and give neerest town) with RURAL and o va nearest town 2 months Adamstown d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, give street eddress) d. STREET ADDRESS a. IS RES DENCE ON A FARM? Mt. Airy Rt.# 3 YES THE NO 3. NAME OF M dd.a 4, DATE Month Year DECEASED (Type or print) Daniel Webster DEATH January Tee-Sr. 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BRITH 9 AGE (In years , IF UNDER 1 YEAR IF UNDER 24 HRS. St birthdey) Months Deys Male White WIDOWED A DIVORCED [10e. USJA. OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR NOUSTRY 1. AIRT PLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY? Farming W.S.A. Howard Go. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Rall. Susan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO.1 17 INFORMANT Address (Yes, no, or unkown) (If yesg. vewar or deles of service) Mr. Daniel W. Lee, Jr. Adamstown, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL SETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: MMEDIATE CAUSE (e) geve rise to immediate ceuse DUE TO (e), steting the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? NO XX 20%, ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW NURY OCCURED, (Enter neture of injury in Pert I or Pert I) of tem 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. et work attended the deceased from TUMMUID... 19 saw the deceased alive **IGNATURE** ATTENDING DIRECTOR PHYS. JUN-PHYS. 222 PHYSICIAN'S 22d. ADDRESS NAME (Type) James P. Kerr 23d. LOCATION (City town or county) 23a BURIAL CREMATION I 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Steta) REMOVAL (Specify) Frederick. Burial Olivet Cemetery 24 FUNERAL DIRECTOR S. 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) To I Hamist Maryland DATE 15M 9/60



W . Tr x	1	MARYLAND STATE DEPARTMENT OF HEALTH						
7 71		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1						
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TO HOSPITAL OR TO HOSPITAL OR death. Prof. may V WS1 V	24	22c. PHYSICIAN'S	ew Jersev _					



RYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10856 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fixed If institution: Residence before admission) o. STATE b. COUNTY MARYLAND Montgomery Montgomery Maryland b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Bethesda 22 hours Kensington d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION Suburban Hospital Farragut & St. Paul Sts. YES INO IV NAME OF First Middle 4. DATE last Month Yeor filled OF DEATH (Type or print) Charles Lemke 1962 January S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years lost birthdoy) Months Doys Male White WIDOWED | DIVORCED | 67 10o. USUAL OCCUPATION (Give kind of wark done done done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if refired) 12. CITIZEN OF WHAT COUNTRY? pup B&O Railroad 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician a .⊆ 15. WAS DECEASED EVER IN U. S ARMED FORCES?
(Yes, no. pr. unknown) (If yes, give war or dates of service) 17. INFORMANT Address 0 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY -2 day IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gave rise to immediate **DUE TO** couse (o), stating the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19 WAS AUTOPSY PERFORMED? YES NO 📉 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I) or Port II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d INJURY OCCURRED (County) (State) factory, street, office bidg , etc. } 0. m. While Not while at work ō p. m. at work 21. I certify that (I) (this hospital) attended the deceased from I- & ___ 196-2 that (I) (we) lost saw the deceased alive on. 19 62 and that death occurred at 160M, from the couses and an the date stated above. 8 GNATURE 22b.DATE ATTENDING PHYS S GNED M.D. DIRECTOR . 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Horace Bernton Dr. 230. BURIAL CREMATION, 235 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Rockville Maryland Rockville Cematery Burial -16-6224 FUNERAL DIRECTOR'S SIGNATURE 25h. REGISTRAR'S SIGNATURE APORESA Georgia Ave, 250. REC'D BY REGISTRAR DATE JAN 1 8 '62 Commo S. Thrank Silver Spring, Md. Pun'ohrev 15M 9/59



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission) PLACE OF DEATH * COUNTY Montgomery a. STATE Virginia b. COUNTY MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give pearest lown) b. CITY OR TOWN lif outside corporate firmits. E LENGTH OF STAY IN 16 write RURAL and give neerest town) Olney Shipman e. IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS ON A FARM? YES X NO Montgomery General Hospital 3 NAME OF 4 DATE Year Month DECEASED DEATH (Type or print) Grover Cariton
6 COLOR OR RACE 7. MARRIED NEYER MARRIED IF UNDER 2 2HRS 9. AGE (In YOURS | IF UNDER I YEAR 5. SEX last birthdey) 10/8/1984 Months Hours DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work I 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country, 1 12. CITIZEN OF WHAT COUNTRY? (CARPENTER,) RETIRED U.S.A. CONTRACTOR Va. 13. FATHER S NAME William Daniel Ligon 15 WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Office Records [Yes, no, or unknown] (If yes give wer or dates of service) INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if env. geve rise to immediate cause DUE TO (a), stating the underlying PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.81 19. WAS AUTOPSY 20 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURED. Enter neture of in ury in Part I or Part I of Itam 18.1 HE EITHER, NOTIFY MEDICAL EXAMINERS 20d. INJURY OCCURRED | 2De PLACE OF INJURY (Home, farm, ' 2Df. (City or town) (County) (State) 2Dc. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) While _Not While Hour m.m. at work at work 21. | certify that (I) (this hospital) attended the deceased from. and that death occured and from the causes and on the date stated above saw the deceased alive on. 22b. DATE 220 SIGNATURE SIGNED ATTENDING MARIN STAFF D RECTOR PHYS. 22d. ADDRESS 22c. PHYS CIAN'S NAME (Type) C. H. Ligon Olney Md. 1 23d. LOCATION (City, lown or county) [Stetel 230 BUR AL, CREMATION | 236, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Shipman, Nelson, Virginia Family Burial Grounds Removal 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE Orthur S. Krous Francis H. Barber KKK. Lay tonsville. "d. DATE JAN 1 5 '62

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~		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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ill in the second	X1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS o. STREET ADDRESS on A FARM?
rrs.		3. NAME OF First Middle Last 4. DATE Month Dev Year
78 je et		DECEASED 1911-0
d com) 	5. SEX 6 COLOR OR RACE 7. MARRIED 18. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
A PA	/	MALE CUNITE WIDOWED DIVORCED 1/41-1/- 1898 (6st birthday) Months Deys Hours Min.
cale ian a ven	ŀ	108. USUAL OCCUPATION (Give Vind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 SIRTHPLACE (County & Stelle, or fore an country 12. CITIZEN OF WHAT COUNTRY)
ysici emo		SOLIES MAN PLUMBING SIPPLY DC. USA.
40 - 40 - 10 - 10 - 10 - 10 - 10 - 10 -		13. FATHER'S MAIDEN NAME
death ding please		LOUIS XIPKIN (Dec.) RACHEL - (Dec.)
he ten		18. WAS DECEASED EVER IN J.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wer or detes of service)
hat I he z mov	,	NO - 379.03-6078 HNDIE U. KIPKIN (Same as 24
cian.		PART I. DEATH WAS CAUSED BY:
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Sign Sign		Conditions, if any, which to Metactatic Research of lesses 14r
e la mdir yeen cren		gava rise to immediate cause
The after hose to be the state of the state		(a), stating the underlying DUETO Cause lest.
AN:	1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TENNINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED?
Spite spite spite sign and sig		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19/WAS AUTOPSY PERFORMED? YES NO [] 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neduce of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 10 (If EITHER, NOTIFY) MEDICAL EXAMINER)
AYS b ho or us pric		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part II or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH
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ING by Steel		20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stele) Hour e.m. While Not While factory, street, office bidg., etc.) b.m. 19 et work at work
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242		21. I certify that (I) (this hospital) attended the deceased from
RECOUNTY E		saw the deceased alive on
0 E C E		Transcis Les Lighters M.D. PHYS DIRECTOR PHYS. 1/1/6.2
TAT Ses se sith the table		22d. ADDRESS /
NEI NEI N P		NAME (Type) F. X. XICHARDSON 11417 VIERS MILL KD. WHEATON MD.
Star Star Star Star Star Star Star Star		230 BURIAL, CREMATION, 23b. DATE THEREOF 23C NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)
D _e G _e g		PURIAL 1/3/1967 LEJAR HILL LEM SUITLAND, I'D.
VR A15 (4, 15M 7/61		2 Juneral director's signature address address 256. Registrar 256. Registrar's signature
,2 7,01	ļ	Loldleg Tubble Affre 4211-9-1/11Chaten 3 '62 1 arden 8 thomas



⊋ 1	MARYLAND STATE DEP DIVISION OF STATISTICAL RESEARCH AND RECORDS.	ARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
S. (NA)		
Should Should be a	I. PLACE OF DEATH a. COUNTY MOST COMPTY MARYLAND	2. USUAL RESIDENCE (Where decased lived, if institution; Residence before admission) a. STATE b. COUNTY Charles
in by the in and in death	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Acrain Tton	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rock Point (Rigal) (* * * * * * * * * * * * * * * * * *
The same of the sa	d. NAME OF HOSPITAL OR INSTITUTION (9 not in hospital, 9 valstreat address) Sarroll Hall Tarsing Tome	d STREET ADDRESS a. IS RESIDENCE ON A FARM? YES \(\text{NO} \) NO \(\text{F1} \)
omplete	3. NAME OF DECEASED CATHERINE Janet	Last OF DEATH San . 22 1962. DATE OF BIRTH 9. AGE HE YOURS I FUNDER 1 YEAR! IF UNDER 24 HRS.
an and co	Female hite WIDOWED TO DIVORCED	DATE OF BIRTH 9. AGE (II-Yyaars F UNDER 1 YEAR IF UNDER 24 HRS. March 15 1884 77 yrs. 11. BRTHPLACE (County & Sista, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
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ures mer me section, de by the att permit. The	(Yas, no, or unkown) (Ifyes giva war or dates of service) 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) # YPERTENSIVE	7411 Varier St., Silver Springs. Jecelin L. Viller-Duriter Var Vand HEART DISEASE INTERVAL BETWEEN ONSET AND DEATH
ne law req ending phy been signe rial-transit cremation	Conditions, if any, which gave rise to immediate cause (a), stating the underlying DUE TO	HYPERTENSION
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b SCTOR of the Dept.		death occurred at P. R.M., from the causes and on the date stated above.
the State		ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS. 1-22 Los
HOSPITA Path. Pag. FUNERA rector, pag.	22c. PHYSICIAN S NAME (Typa) 23 BUR AL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERS	Cheny Chox, lang
ပီန္ပီဥန္နာ 🗸 ,	23 BUR AL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERS REMOVAL Specify 1 2 4 FUNERAL DIRECTORY SIGNATURE 6 ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
VR A15 (4) 15M 9/60	What me Lyplate	DATE JAN 26'62 Contain 8. House



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00860 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased leval, if institution; Residence before admission) a. COUNTY b. COUNTY Vermont Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits. c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town) 135 davs Bethesda (Rural) Peru d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? U. S. Naval Hospital YES W NO NAME OF Middle DATE Month DECEASED OF (Type or print) DEATH 1962 Jane (n) MacFarlane January 5. SEX AGE (In years IF UNDER 1 YEAR ! IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED DATE OF BIRTH and last birthday) Months Hours Female Caucasian WIDOWED [DIVORCED T December 13, 1897 physician 10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHP, ACE (County & State, or foreign country) 1.12 CITIZEN OF WHAT COUNTRY? done during most of working life, evan it refired) any Boston, Mass. USA Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ξ Đ. James McKean Unknown <u>a</u> 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) HUS: Scott B. MacFarlane, Same as 18. CAUSE OF DEATH [Entar only one cause par line for la), (b , and (c).] INTERVAL RETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gava rise to immediate causa DUE TO (e), stating the undarlying PART II, OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 115"1 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a, ACCIDENT WAS UNDERLYING | | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY Home, form, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While Hour a.m. at work et work (this hospital) attended the deceased from Aug. 24, 19 61 to Jan. 1962 , and that death occured 5:45AM from the causes and on the date stated above. saw the deceased alive on Jan. 22b. DATE 22a SIGNATURE 1962 NED ATTENDING K January 5. DIRECTOR PHYS. PHYS M.D 2ng 22c PHYSIC AN'S 22d ADDRESS U. S. Naval Hospital, Bethesda, Md. JOEL S. GOODWEN LT MC USN 1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a BURIAL, CREMATION, 23b, DATE THEREOF REMOVAL (Spacify) 寺 0 Cedara Hill Crematory Subtliand o Maryland ia Cremation 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTORIS/BIG/VATURE ADDRESS VR AIS (4)15M 7 61 Unilmy S. Floure Mineral Home . Bethesda . Md . DATE JAN

permoexe

certificate

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YLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY LOUNTY Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) write RURAL and give nearest town) Bethesda (Rural Falls Church d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 1736 Arlington Blvd. YES NO X Naval Hospital NAME OF Middle DATE Month OF (Type or print) DEATH Thomas Joseph Mackassav 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS and last birthdey] Months Days Hours Caucasian | WIDOWED | 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BRTHPLACE (County & State, or lore gn country) done during most of working life, even if retired) USA Wisconsin 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Mackassay HULES 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Honara Donahue Address (Yes, no, or unkown) ((Ifyes give wer or detes of service) Unknown S.Daugh: Miss Margaret Vincent, Same as #2 Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Dessecting aneurysm of the descending aorta IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying PART II OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)] 19, WAS AUTOPSY CERTIFICATION PERFORMED? ON YY 20b. DESCRIBE HOW INJURY OCCURED, (Enler neture of 'njury in Peri I or Part I) of tem 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY Home, form, ' 20f (City or town) (County) (Slete factory, street, office bldg., atc.] While Not While Hour a.m. eł work at work 21. I certify that M (this hospital) attended the deceased from...January ...25., 1962, to ...January ...2519...62 that M) (we) last saw the deceased alive on January 25 ... 19 62, and that death occured at 2.10PM om the causes and on the date stated above 226. DATE 22a SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS W. F. WARRENDER LT MC_USN U. S. Naval Hospital, Bethesda, Md. 238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (State) REMOVAL (Specify) O Arlington National Arlington, Virginia Burial 25a. REC'D BY REGISTRAR 1 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTORS SIGNATURE VR A15 (4) 1584 7 61 Orthur S. Throng St., NE, Wash., D.C.

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RYLAND STATE DEPARTMENT OF HEALTH



DVI AND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) PLACE OF DEATH MONT GOMERY b. COUNTY MONTGOMERY MARYLAND MARYLAND c. CITY OR TOWN iff outside corporate limits, write RURAL and give nearest lown C. LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporate limits. write RURAL and give negrest town) OLNEY 4 DAYS WASHINGTON GROVE a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION lift not an hospital, give street eddress. ON A FARM? YES NO F MONTGOMERY GENERAL HOSPITAL 3. NAME OF 4. DATE Month Year OF DECEASED comple DEATH (Type or print) V. BEALL 19 BESSIE MAGRUDER AGE (In years | IF UNDER I YEAR) IF UNDER 24 HRS. 6 COLOR OR RACE T MARRIED NEVER MARRIED (ast birthday) Months Days FEMALE WIDOWED X DIVORCED -12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11 B RTHPLACE, County & Steta, or foreign country) done during most of working life, even if retired) HOUSEWIFE U.S.A. MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JAMES VERON BEALL MARY JANE BOLTON Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give werer dates of service) HOSPITAL RECORDS INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Secreta pulminary educaçãos beccerolizará advances contros solucios IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (6) gave rise to immediate cause DUE TO (e), stating the underlying ceuse last PART I OTHER S ON FICANT CONDITIONS CONTR BUTING TO DEATH BUTING THE LATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART II. 19. WAS AUTOPSY PERFORMED? NO 20b DESCRIBE HOW INJURY OCCURED. (Enter neture of neury in Part I or Part II of Item 18) 20e ACCIDENT WAS UNDERLYING OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d. INJURY OCCURRED 20e, PLACE OF INJURY Home, farm 20f. City or town) (County) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.] Not While While Hour n.m. et work et work 19 196 and that death occurred at...... M, from the causes and on the date stated above. 22b. DATE 22m. SIGNATURE SIGNED ATTENDING STAFF DIRECTOR PHYS. PHYS. 22d ADDRESS 22c PHYSICIAN'S SANDY SPRING, MARYLAND NAME (Type) D. BONIFANT. M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county, (Stete) 23a, BURIAL, CREMATION 23b DATE THEREOF REMOVAL (Specify) 0 256, REGISTRAR'S SIGNATURE REC'D'SY REGISTRAR EUNERAL DIRECTOR'S SIGNA VR A15 .4) 15M, 7, 61

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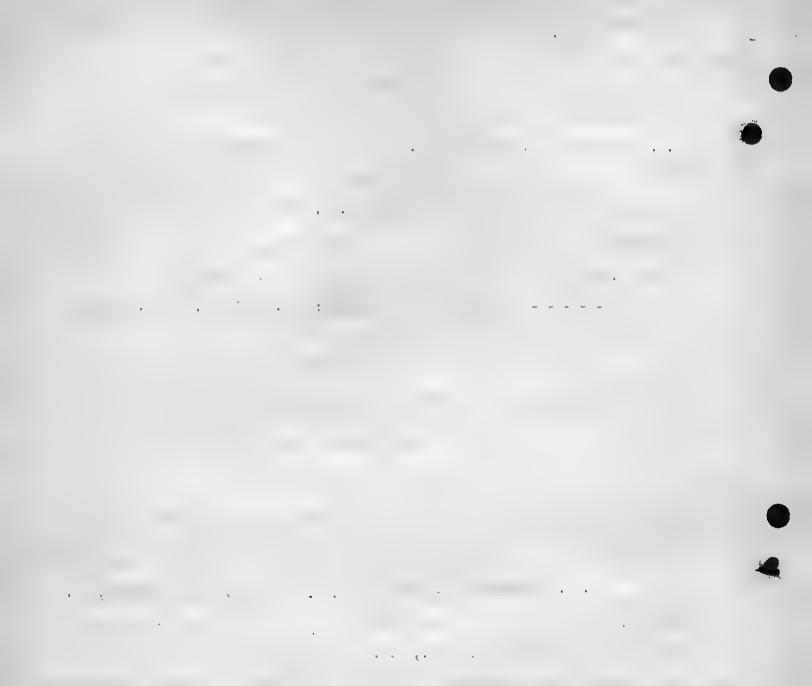
11	,	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
by the funeral and 2 should death.		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Since 1948 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY MARYLAND c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Ashton
completely faued in n papers. The hours after thin 72 hours after	3	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Allen Acres Allen Acres NAME OF DECEASED Middle Last 4. DATE OF Month Day Year
retificate be exe hysician and com remove carbon p any event, within	1	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH female white widowed widowed by Divorced August 5, 1874 87 yrs Ob. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Homemaker Own home New York Jentificates 9. AGE (In years of Under 1 YEAR if Under 24 Hrs. Hours Min. Bast birthday) Hours Min. 12. CITIZEN OF WHAT COUNTRY? 13. CITIZEN OF WHAT COUNTRY? When the country of the cou
that the death on the attending post. Then please amovel, and in a	1	Willis Leonard Wheeler Lillian Funk 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Yes, no. of unknown) (Ityosgive warordates of service) NO NO Mrs. A.I. Smith Allen Acres Ashton, Maryland 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), end (c).]
SCIENT: The law requires a spiral or attending physician inficate has been signed by se as the burial-transit permit to burial, cremation, or re	NOTE OF THE PERSON	Conditions, f any, which gave rise to immediate cause (a), stating the underlying out to (c) Hyperteusure caudio insules deserved asset. ONSET AND DEATH ONSE
ANDING PHYS lined by the ho OR: After this cer be detached for us ept. of Health privi	MEDICAL CERTIFIC	
DEFITAL OR AT PACE THAN DEFECT PORT PAGE 3 should be with the State D.		saw the deceased alive on Star 26 1968, and that death occured at 7.24M, from the causes and on the date stated above, 22a. SIGNATURE ATTENDING MED. STAFF 5 GNED, 22c. PHYSICIAN 5 NAME (Type) A, D, D 3 ON IF A MT Scale Start
VR AIS (4) 1SM 7/61		38, BURIAL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Town or county) REMOVAL ISpacety 1-29-62 GREEN WOOD CHMETERY BROOKLYN NEW YORK 4 FUNERAL DIRECTOR'S SIGNATOR BIGGER 843 ADDRESS GEORGIA AVESS. RECT BY REGISTRAR 25b. REGISTRAR'S SIGNATURE WARNER E PUMphrey INC SILVER Spring Monte 162 Citims & Klaus



	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	E 1, MARYLAND
# Je p	00864 CERTIFICATE OF DEATH	<u> </u>
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by and	b. CITY OR TOWN (if outside corporete limits, write pure and give nearest town)	RURAL and give nearest town)
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uted letely pers 2 h	3. NAME OF DECEASED Firs) Middle Last / 4. DATE Month	Dey Yeer
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nd c arbor with	5. SEX S. COLOR OR RICE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years harhday)	Months Days Hours Min.
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pital pital fillication in the property of the pital fillication in the	PART I. OTHER S GNIP CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVE 200. ACCIDENT WAS UNDERLYING TO 200. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Idem 18.) OR CONTRIBUTING TO CAUSE OF DEATH OF THERE, NOTIFY MEDICAL EXAMINER;	PERFORMED? YES NO D
MYSI hos cert r use prio	20e. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.)	
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Affer He He	20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 2Df. (City or town) While Not While factory, street, office bldg., etc.)	(County) (State)
TOR: ne de de Dept. c		10/2 20 (00 (00) 100)
	21. I certify that (this hospital) attended the deceased from	and on the date stated above
OR A may be DIREC Should e State	22a SKINATURE ATTENDING STAFF	22b. DATE
ERAL DI	M.D., PHYS. L. DIRECTOR PHYS.	1/31/67
ERA Pag Pag With	NAME (Type) P. Kand O Entrie 222 ADDRESS "EL LA DE	enter Kraf 11
H. H. Hed	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, to	wn or county) (State)
direction of the first of the f	REMOVAL (Specify) Cremation 2-1-62 Fort Lincoln Crematory Prince George	
VR A15 (4)	24 FUNERAL DIRECTOR'S SIGNATURE & C. Pint 84 Babress Georgia Ave. 250. REC'D BY REGISTRAR 256. REC	SISTRAR'S SIGNATURE
15M 9/60	Warner E. Pumphrey, Inc. Silver Spring, Md. DATE EB 2 '62	that & Thank



W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. 20865 CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY Montgomery Virginia MARYLAND b. CITY OR TOWN (f outside corporate fimits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town! Bethesda (Rural) McTean davs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? 4311 Woodly Road YES NO X U.S. Naval Hospital, Bethesda, Md NAME OF 4. DATE DECEASED (Type or print) DEATH Ethe' Waller Manship January 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER ! YEAR B. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months Davs WIDOWED TY DIVORCED | Female Caucasian 10s. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State or loreign country) 12. OTIZEN OF WHAT COUNTRY? done during most of working life, even if retired Housewife New York USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas G. Waller Svriena O. Johnson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyesalvewerordates of service) DAUGHTER: Mrs. Muriel E. Foote, Same as #2 Unknown 18. CAUSE OF DEATH [Enter only one cause par-less for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IS gave rise to immediate cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO NO 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part t or Part t of Item 18. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED . 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) _Not While While Hour m.m. at work et work 21. I certify that (X (this hospital) attended the deceased from 22...January., 19.62 to ...24...January 19.62 that (N (we) last saw the deceased alive on 24 January. ...1962., and that death occured (36.35AM) from the causes and on the date stated above. 22e SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. PHYSICIAN S 22d ADDRESS NAME (Type) WARRENDER LT MC USN S. N val Hospital, Bethesda, Md. 23c. NAME OF CEMETERY OR CREMATORY & 123d. LOCATION (City, town or county) 234. BURIAL, CREMATION, 236 DATE THEREOF dig d REMOVAL (Specify) Cedar Hill Cremation Suitland, Maryland Youth Ellaganouss 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE MY VR A15 [4] 1SM 7/61 anthur & Trave JOSEPH GAWLERS FUNERAL HOME, WASH., D.C. DATEJAN 2 6 '62



DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH G405 1/11/62 tem 23b Film PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) e. COUNTY b. COUNTY IN Montgomery Maryland MARYLAND b CITY OR TOWN (if outside corporate limits. c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown) Bethesda (Rural) Bethesda 417 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? 4522 Gretna St. U.S. Naval Hospital, Bethesda, Maryland YES NO X 3. NAME OF 4. DATE Mictelia Month Day Year DECEASED 1962 (Type or print) Markman DEATH Ava Mae January 6 COLOR OR RACE 7. MARRIED K NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months Female Causasian widowed January 16. DIVORCED 10a JSUAL OCCUPATION IGINA kind of work 10b KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & Slate or foreign country) 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired, North Carolina phys Housewile 14 MOTHER S MAIDEN NAME 13 FATHER S NAME death .5 Then please Elmond Tart Norma Betts 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO., 17. INFORMANT Ad dress (Yes, no, or unkown) | (If yes give wer or deles of service) Husband: Solomon Markman Same as #2 No 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) gave rise to immediate cause DUE TO (a), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 1 19. WAS AUTOPSY FICATION 8 0 PERFORMED? 20a ACCIDENT WAS UNDERLYING . 1 20b DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert L or Pert 31 of riem 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED . 20e PLACE OF INJURY (Home, form, 20f. (City or town) Month, Day, Year (County) (Stere) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work (X) (this hospital) altended the deceased fro November 14 1960 to January 5 1962, that (X) (we) last saw the deceased alive on January 1962... and that death occurred at 5.5.50 Phom the causes and on the date stated above. 22b. DATE 22e. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. 22c. PH? CIAN'S ADDRESS NAME (Type Naval Hospital, Bethesda, Md. SHEPPARD USN 238 BURIAL CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) (State) FMOVAL (Specify) O÷ĒÃ ARLINGTON NATIONAL ARTINGTON VIRGINTA 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Melonin 15M 7 61 GNE | DATE arthur S. Kraus FUNERAL HOME, CHEVY CHASE.

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4217 9th St. N.W., D.C.

DATE

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Goldberg Funeral Home



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND USUAL RESIDENCE Where deceased lived, If institution, Residence before edmission shoul PLACE OF DEATH a. COUNTY e, STATE **b.** COUNTY Montgomery MABYLAND Vermont by the b. CITY OR TOWN (if outside comporate limits. c. LENGTH OF STAY IN 16 c CITY OR TOWN all outside corporate limits write RURAL and give nearest town; write RURAL and give nearest town 2 Bethesda (Rural 4 days Huntington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? U.S. Naval Hospital, Bethesda, Md. YES NO Wild Acres npletely 4. DATE Month Year DECEASED OF (Type or print) DEATH 19 62 MacTean Januar 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED X NEVER MARRIED pue last berthday] Months Hours December Female Caucasian WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or love gn country) 12 CITIZEN OF WHAT COUNTRY! done during most of working life, even il refired) Housewife
13. FATHER'S NAME Pennsylvania USA 14. MOTHER'S MAIDEN NAME strending | Then please Charles C. MacLean Amanda Manderson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO., 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) Husband Chester Mayo Same as 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause DUE TO (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 19. WAS AUTOPSY CERTIFICATION PERFORMED? 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18 , 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, farm, Month, Day, Year (State) 201. (City or fown) (County) factory, street, office bldg., etc.) While Not While Hour #.m. et work at work 22a SIGNATURE 22b. DATE **ATTENDING** SIGNED DIRECTOR PHYS. M.D 22E. PHYSICIAN'S 22d. ADDRESS VOSS U. S. Naval Hospital. Bethesda, Md. ___ 230, BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify å ë 0 Burial-Remova **Takeview** Burlington, Vermont AStreet, Georgetown 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A1S (4) arthur & House 15M 7/6I BIRCH SONS Funeral Home

STATE DEPARTMENT OF HEALTH



RTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Ments e. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN lif outs de corporete limits, E. LENGTH OF STAY IN 16 'If outside corporate limits, write RURAL and give nearest Jown) write RURAL and give nearest town) the rebur e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? YES NO F 3. NAME OF ST completely Middle DECEASED DEATH (Typa or print) and col 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) Months Days Hours WIDOWED DIVORCED Ti familia 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) I Sect. Seloul e.c.cher Monte Co. 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. - 17 (Yes, no, or unkown) | (Ifyesgive were rdeles of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] ONSET AND DEATH PART I DEATH WAS CAUSED BY: -IMMEDIATE CAUSE (e) **DUE TO** Mys carditis Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying causa last. PART H. OTHER'S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO Î 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20d. INJURY OCCURRED., 20e, PLACE OF INJURY (Home, farm, 20t. (City or town) (County) 20c. TIME OF INJURY Month, Dev. Year factory, street, office bldg., etc.) While Not While Hour a.m. at work et work 60 19 , to ./. saw the deceased alive on. DIR 22b, DATE 22a. SIGNATURE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN S 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, fown or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) の音点 Darn stw.n Dune JE DOWN Whi. Ě 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25e. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE YR A15 (4) aithersburg. 15M 9/60 arnest d. Gartner/ Firma



401862CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a COUNTY h. COUNTY MARYLAND b. CITY OR TOWN (If outside corpora C LEMETH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RORAL and give nearest town) non d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO NAME OF 4. DATE Middle Year DEATH (Type or print) IF UNDER TYEAR IF UNDER 24 HRS 7. MARRIED T NEWER MARRIED Months Days Hours DIVORCED [JSDAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) elruse FATHER'S NAME S. ARMED FORCES? 17 INFORMAN 16. SOCIAL SECURITY NO. No None 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, If any, which gove rise to immediate DUE TO couse (a), stoting the underlying couse last. PART (I. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? carl YES 🗍 NO 🏲 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form | 20f (City or town) (County) (State) factory, street, office bldg., etc.) Haur o. m. While Not while of work at work p m 19-6-7 that (1) (web-last 21 I certify that (I) (this hospital) attended the deceased from. 2 and that death accurred at P.M. from the causes and on the date stated above. sow the deceosed alive on 22a, SICKLATURE 22b, DATE ATTENDING SIGNED STAFF PHYS DIRECTOR [] PHYSICIAN'S 22d ADDRESS NAME (Type) 230. BL R A. CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown, or county) (State) REMOVAL (Specify) Burial-Transit St. Patrick Cemetery Stoneham Massachusetts 25% REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S 5 GNATURE 250 REC'D BY REGISTRAR Robert A. Pumphrey, Bethesda, Maryland DATE JAN 2 3 '62 Circum & Thomas

VR A15 (4) 15M 9/59

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physician remave cark

attending p

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			CERTIFICATE OF DEATH
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etely Fill pers. 12 hour	, -	3.	hish. San. + Hosp. Middle 2307 Ritton house St. YES NO NO.
d completel bon papers within 72 h			SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE IN YOURS IF UNDER 1 YEAR, IF UNDER 24 HRS.
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ng physicie ase remov in any ev		Sign	Real Estate Uivginia Amer. FATHER'S NAME 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE Country & Stelle or lore gn country 12. CITIZEN OF WHAT COUNTRY? Real Estate Uivginia Amer. 14. MOTHER'S NAME
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he aff The noval	1	(Ye	"no or unknown) (If yes give we rardeles as service) 178-22-0960 wash. San & Hosp, Records, TPK. Me
by If strait.			18. CAUSE OF DEATH [Enter only one cause per line for (e), (b) and (c).] PART I, DEATH WAS CAUSED BY: ONSET AND DEATH
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CTOR			21 I certify that (I) (this hospital) attended the deceased from Oct. 20, 1961, to 1/4
State			saw the deceased alive on
ER Dig			M.D PHYS. DIRECTOR PHYS. 1/4/62 S GNED
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	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1. MA		
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~	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased hved, If institu	ution: Residence before e-
	Montgomery MARYLAND	a. STATE DO d	· /*
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V	write RURAL and give nearestylowh Takoma (Yayk	adolphi.	11
15	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d STREET ADDRESS	e. IS RE
	Washington San & Hosp	10525 Agemont Dr.	YES 🗌
	NAME OF Middle	Last G. DATE Month	Dey Yee
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	NSW-f	W. Va. Chirleston	americo
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Charle Blount	Flen Fsteb.	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN [Yes, no, or unknown] [(Hyesgivewarordatesofservice)]	NFORMANT Address	
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	206 ACC DENT WAS UNDERLYING 1 206, DESCRIBE HOW INTURY OCCURED, OR CONTRIBUTING 1 CAUSE OF DEATH	(Enter nature of injury in Part I or Pert II of Item 18.)	
		CE OF INJURY (Home, farm, 1 20f. , City or town) ry, street, office bidg , etc.)	(County)
	p.m. 19 at work at work		
	21. I certify that (I) (time-hospital) attended the deceased from	1956 19 , 10 1 / 30	., 196.2; that (I)
	saw the deceased folive on	death occured at 7.5M, from the causes and	on the date state
	227- FIGHTURE	ATTENDING MED STAFF	221
- 1	Hylrutin M.	D. PHYS. DIRECTOR PHYS.	0 0
- 1	22c. PHYSICIAN'S NAME (Mpo) 11	22d. ADDRESS 7/05 - Riggs	road,
	THUGHWITKEY	Lewisdale, Ma	rykand
	236. BURIAL, CREMATION, 236. DATE THEREOF 231. NAME OF CEMETERY C	IR CREMATORY 23d. LOCATION (City, town of	r colonty) (S
/	Gurial Feb. 2/62 aringles	allowar wrings	r. las
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRES	enels.	RAR'S SIGNATURE
	(accorded there to the	POATE FEB 5 162 Con	Lun & Thomas

TO HOSPITAL OR AT NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hg



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY b. COUNTY Montgomery Maryland MARYLAND b. CITY OR TOWN lif outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown) Bethesda (Rural) 22 davs Bethesda d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give sheet address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? 4911 Hampdon Lane YES NO T U. S. Naval Hospital 3. NAME OF Middle 4. DATE Month Year DECEASED [Type or print] DEATH Catherine McNally January 25 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months Caucasian WIDOWED X DIVORCED Female June 22. physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even If retired) Housewife Marvland USA attending pl Then please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .= and Lawrence Hines Virginia Embrev 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | [If yes give war or detes of service] Unknown Son: Lawrence Pugh, Same as #2 18. CAUSE OF DEATH [Enter only one cause per line for [a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate causa DUE TO (a), stating the underlying PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 16 19 WAS AUTOPSY CERTIFICATION PERFORMED? Stenesis YES TY NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enfor nature of injury in Pert I or Part II of Jem 18) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, streat, offica bldg., etc.) Not While Hour e.m. While al work at work saw the decessed elive on...Jan. 25.... 19.62... and that death occured e6:30PMrom the causes and on the date stated above. may b 226. DATE 22a. SIGNATURE ATTENDING. PHYS. DIRECTOR PHYS. Jan. 26, 1962 22c. PHYSICIAN 22d. ADDRESS death. Pa U.S. Naval Hospital, Bethesda, Md. 236. BURJAL, CREMATION, 236. DATE THEREOF 23c, NAME OF CEMÉTERY OR CREMATORY 23d. LOCATION (City, town or county) (Stele) Burial (Specify) ₹ 8 Arlington National 0 Arlington, Virginai ADBethesda, Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

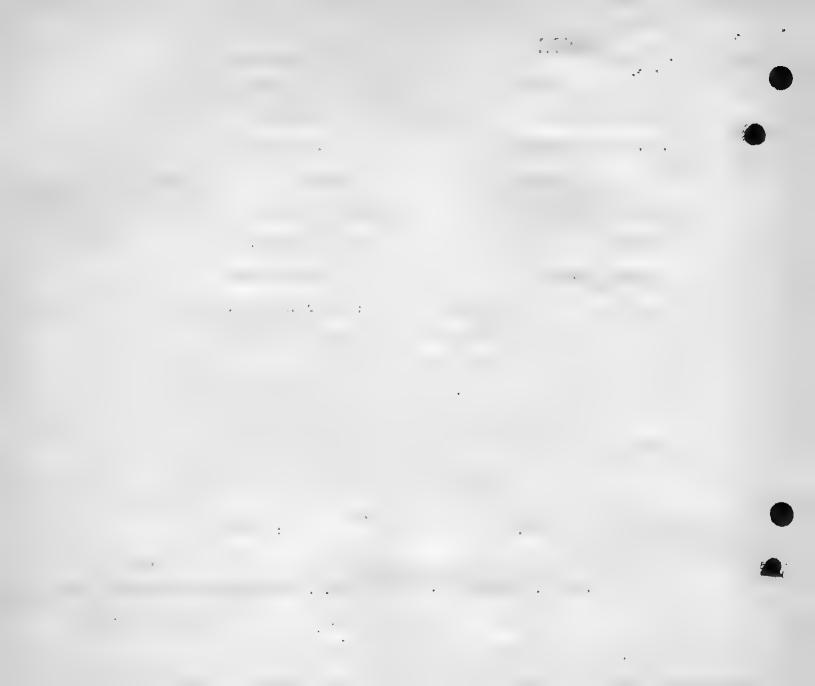
Home, 7557 Wisconsin Axe. JAN 3 0 '62

(Stete)

SIGNED

Littley S. Flores

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BYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND Item 23b. Film 0305 UBUAL RESIDENCE Where deceased lived, If institution: Residence before edmission 1. PLACE OF DEATH a. COUNTY **b. COUNTY** a. STATE Montgomery
b. CITY OR TOWN (if outside corporate limits, MARYLAND Virginia c. LENGTH OF STAY IN 16 c CITY OR TOWN III outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Bethesda (Rural 9 days Elkton d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RES DENCE ON A FARM? YES V NO U.S. Naval Hospital, Bethesda, Maryland Route Month DECEASED (Type or print) DEATH 6 19 Hamilton Irvin Meadows January 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH AGE In years of UNDER I TEAR , IF UNDER 24 HRS. last birthdey) Months Male Caucasian WIDOWED [DIVORCED December 1911 50 years 12, CITIZEN OF WHAT COUNTRY? 10a USUAL OCCUPATION IG ve kind of work 106, KIND OF BUSINESS OR INDUSTRY done during most of working I fe, even it retired) USA Civil Service U.S. Government Virginia 13. FATHER'S NAME 14. MOTHER'S MA DEN NAME Irving Meadows

15. WAS DECEASED EVER IN U.S ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT Edith Peyton Address (Yes, no, or unkown) (Hyesgive werer dates of service) 1939 to 1945 Wife Goldie Meadows Same as #2d 18. CAUSE OF DEATH [Enter only one cause per line for (a), b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART ! DEATH WAS CAUSED BY:

JAMEDIATE CAUSE (6) TRAUMATIC 6 DAYS DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGN FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURED Enter nature of injury in Pert I or Part II of Item 18 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Df. (City or town) 2De, PLACE OF INJURY (Home, farm, (County) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED fectory, street, office bldg., etc.) While Not While Hour e.m. et work at work 21. I certify that M (this hospital) attended the deceased from 29 December, 1961, to.6. January..., 1962., that M) (we) last saw the deceased alive on. 5. January. . . . 19.62., and that death occurred at 21.7.PM from the causes and on the date stated above 22e SIGNATURE SIGNED DIRECTOR PHYS. 22c PHYSICIAN'S 22d ADDRESS U.S. Naval Hospital, Bethesda, Md. BRAMEETT LCDR MC USN 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) 23a, BURIAL, CREMATION | 23b DATE THEREOF REMOYAL_ (Specify) Burial East Lawn Memorial Garden | Harrisburg, Virginia 25a. REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE 24 FUNDRAL/BIRECTOR'S BIGNATURE VR A15 (4) 15M 7 61 Wisconsin We. Jan





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21 certify that (1) (this hospital) attended the deceased from sign 1962 to 200, 20, 1962 that (1) (we) les	of the Park	MED	p.m. 19 at work at work
The state of the s	be bit		21 I certify that (I) (this hospital) attended the deceased from JAN /, 19.63, to Jan 20, 19.63, that (I) (we) last
saw the deceased alive on 19.42, and that death occurred at 332. M, from the causes and on the date stated above	H 등 등		saw the deceased alive on 19.42, and that death occurred at 3.32. M, from the causes and on the date stated above.
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TON STREET, BALTIMORE 1, MARYLAND funeral should 2/62 -iwk Item 1 Film G30 I. PLACE OF DEATH USUAL RESIDENCE (Where dacessed lived, If institution, Residence before edm ssion) a. COUNTY b. COUNTY Montgomery by the and 2 death. Montgomery MARYLAND b. CITY OR TOWN c. LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write RURAL and give naerest town) IS RESIDENCE z addrass) ON A FARMS NO I be executed M. ddie DATE Month DECEASED OF (Typa or print) DEATH ACT (In years law birthdey) (In years of L ARRIED NEVER MARRIED WIDOWED [DIVORCED physician USUAL OCCUPATION , G va kind of work 106. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retirad? Infant 13. FATHER'S NAME please and in a 16. SOCIAL SECURITY NO. (Yas, no, or unkown) [(If yes giva war or detes of service) ler-Father-Same Joseph None 18. CAUSE OF DEATH [Enter only one cause par the for (a), (b., and (c)] INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which geva rise to immediate cause DUE TO (a), sletting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1.6) 39. WAS AUTOPSY PERFORMED? TSE NO 20e ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part or Part 1 of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Homa, form, 20f. (City or town) (County) (Slete) 20c. TIME OF INJURY Month, Dey, Year fectory, street, offica bldg , etc.) While Not Whia Hour a.m. et work at work , 19 63 that (!) (wed last 21. I certify that (1) (this describe) attended the deceased from...... 19.62, and that death occured at 4.2.M, from the causes and on the date stated above. saw the deggased alive on. 22b, DATE 228. SIGNATURE Knully 5 101 ATTENDING. PHYS. DIRECTOR GRANDVIEW AVE 22d ADDRESS 226 PHYS CIAN'S 23d LOCATION (City, fown or cour 23c. NAME OF CEMETERY OR CREMATORY 238, BURIAL, CREMATION, 236, DATE THEREOF REMOVAL (Specify) 品等の Rockville Ruria 25e REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Cill of S. Flances Bethesda, Maryland Pumphrey. ISM 9/60 DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 00878 CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution, Rasidanca before admission) a. COUNTY b. COUNTY Saint Marvs MARYLAND Maryland Montgomery b. CITY OR TOWN (f outside corporate lim ts. C. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Hollywood Bethesda 20 Dava d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give strael address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? "Sotterlev" Estate The Clinical Center, Bethesda 14, Md. YES T NO 3. NAME OF DATE Month DECEASED OF (Type or print) Edward (No middle name) Milton DEATH January 6. COLOR OR RACE 7 MARRIED TO NEVER MARRIED 8. DATE OF BIRTH S SEX 9. AGE III YEAR IF UNDER 1 YEAR IF JNDER 24 HRS last birthday) Months DIVORCED [. 18 November 1908 Male WIDOWED -10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or oreign country) I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Curator Massachusetts 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cora Oberman Joseph John Newton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record (Yes, no, or unknym) [liyesgivewarordatasofservice]; The ClinicallCenter, Bethesda 14, Maryland World War II | 113-07-4207 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Bronchopneumonia 1 Week DUE TO Mycosis fungoides 6 Years (b) gave risa to immediate cause DUE TO (a), stating the undersying PART II. OTHER SIGNIF. CANT COND TONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 a) 19. WAS AUTOPSY PERFORMED? YES IN NO 1 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, lenter nature of mury in Part I of rem 18.) WEDICAL 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Home, farm, 20f. (City or town, .Countyl (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., atc.) Hour am Not While at work | et work 21. I certify that (1) (this hospital) attended the deceased from December 27., 19 61 to January 16. 19.62 that RX (we) last saw the deceased alive on January 16, 19.62,, and that death occurred at :05P from the causes and on the date stated above. 226. DATE ATTENDING redere 1-16-61 DIRECTOR PHYS. THE 22c. PHYS CIAN'S 22d. ADDRESS The Clinical Center, National NAME (Type Institutes of Health, Bethesda 14, Md. Frederick H. Welland. M.D. filed . 238. BURIAL, CREMATION, | 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 0:58 Gedar Hill Grematory Suitland Gremation 258 REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Washington, D. C 15M 9/60 Joseph F. Birch's Sons Ciring & Kar ZItay corb



CERTIFICATE OF DEATH Reg. Dist. Npa per PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town ठ 11BC.V d. NAME OF HOSPITAL (If not in haspital give street address)
OR INSTITUTION d. STREET ADDRESS IS RESIDENCE ON A FARM? 1709 Corwin Drive YES NO I Ξ NAME OF Middle Month Yeor OF DEATH MNUAY 1962 (Type or print) AGE (In years last birthday) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. Months F-cmale WIDOWED TO DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Own home Missouri Housewife 13. FATHER'S NAME Lizzie Shaw 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. SAMC as 2d. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Aleukemie Levkemia Conditions, if ony, which gave rise to immediate DUE TO couse (o), stating the underlying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? None YES TO NO D 20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I at Port II af item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Year 20d. INJURY OCCURRED 20f (City or town) (County) (State) factory, street, office bldg., etc.) Hour o.m. While Not while at work | at work D. III 19 62 that I just saw the deceased 21. I certify that I attended the deceased from and that death occurred at 12/15/1 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) **ACTUAL** SIGNATURE 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (State) REMOVAL (Specify) 1-31-62 Fort Lincoln Cemetery Prince Georges Maryland 8434 ADDRESS Georgia Ave. 24c. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 3~ ~ 1 1. Thouse Warner E. Pumphrey / Inc. Silver Spring. Md. DATEN 3 1 '62 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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X4	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND					
THE STATE	00880 MEDICAL EXAMINER'S CERTIFICATE OF DEATH					
HEATTH DEET:	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesad I ved, If institution: Residence before adm ss'on					
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any e fur sta Sta Gestl	3. NAME OF First Middle Last 4. DATE Month Day Yeer DECEASED OF A					
er e	(Type or print) Margaret MCREAGER Moore DEATH Jan 17 1962					
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24 hour Page Pages within						
E 1 € E	Francis ICreager Margaret Leary					
For F	15. WAS DECEAS DEVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown); (Ifyes give were or detas of service)					
ted with with	No 18. Cause Of DEATH [Enter only one couse par line for (s), (b), and (c).]					
P. St. Co.	PART I DEATH WAS CAUSED BY.					
alo alo	IMMEDIATE CAUSE (e) Aspiration of blood					
uid b in per Writal- oval,	700.0 DUE TO					
shour of s Of ome	Conditions, if eny, which gove rise to immediata cause					
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iffice pen ami sed on, o	couse lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY					
rear Ex be u	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTORED? PERFORMED? PERFORMED? YES NO 20b. DESCR.BE HOW INJURY OCCURED. (Enter nature of injury in Port 1 or Port 11 of item 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH.					
: Thrs ie wo ledica ould crean	206 EXTERNAL CAUSE WAS 206. DESCR.BE HOW INJURY OCCURED. (Enter nature of injury in Port I or Port II of Item 18.)					
State of the state	Found dead at foot of stain where she lad fallen					
Paragraph of the control of the cont	ZDc. TIME OF INJURY Month, Day, Year 20d. IN.URY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)					
APA Sed / 5	Hour a.m. 1-17 19/32 at work at work at work at work at work at work					
Carlo Prior	21 I certify that I took charge of the remains described above, held an Autopsy X. Inspection . Inquiry and in my opinion					
P. T.	death resulted from Natural causes Accident X Suicide . Homicide . Undetermined manner					
age age	CHIEF MEDICAL EXAMINER					
F SO P	SIGNATURE FRANK & Broschart MD ASSISTANI MEDICAL EXAMINER DATE SIGNED					
E A B	EXAMINER'S PLANT P					
DA SEP	NAME (Type) Address (Street, city, lown, or county)					
DEPUT lease ex should be for FUNERAL 1 r its designate	228. BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCAT ON (City, town, or country, (Siete)					
5 4 4 5 p	Birial 1/20/62 Mt. Olivet Cemetery Washington, D. C. ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE					
VS, A15MF						
SM 9'60	Robert A. Pumphrey, Bethesda, Maryland DATE JAN 19'62 Cothur & thomas					



Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE CO-MEDICAL EXAMINER'S CERTIFICATE OF DEATH REALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmission) a. COUNTY lor, Page ir files, of Health, 6 COUNTY Montgomery MARYLAND Montgomery Marvland b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Fairway Hills Fairway Hills d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 6212 Vorlick Lane 6212 Vorlick Lane YES NO X 3 NAME OF Midda Month DECEASED 19 62 (Typs or print) MARGEL MOREAU Jan. 31. DEATH 6. COLOR OR RACE 7. MARRIED DO NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years LIF UNDER 1 YEAR! F UNDER 24 HRS. 5 dest birthday) July 26,1902 Male WIDOWED [DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE (State or foreign country) 12. CIT ZEN OF WHAT COUNTRY? done during most of working life, even if retirad) Paris, France Electrical Engineer USA-Nat. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Eugenia Maitralain Alphonse Moreau 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT WILE Address (Yas, no, or unkown) | (Ifyasgiva warordatasofservica) Charlotte Moreau Same as #2 No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Occlusion Found dead IMMEDIATE CAUSE (a) bed. **DUE TO** Conditions, if any, which gava risa to immadiata causa DUE TO (a), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTORSY PERFORMED? NO X 20a EXTERNAL CAUSE WAS , 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Jam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c TIME OF INJURY Month, Day, Year 1 2Dd., NJURY OCCURRED 20e, PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (Stata) factory, street, office bldg., atc.) While Not While m work at work 035 21. I certify that I took charge of the remains described above, held an Autopsy 🗍 . Inspection 🔀 Inquiry BC and in my opinion 2 death resulted from: Natural causes X Accident Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED Jan.31. 1962 DEPUTY MEDICAL EXAMINER & BROSCHART EXAMINER'S FRANK DEPUI NAME (Type) Address (Street, eity, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 226 BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or country) (State) REMOVAL (Spacify) Suitland, Maryland Cedar Hill Cemetery Burial 040 24s. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME C Robert A. Pumphrey, Bethesda, Maryland FEB 5 Caroling & Kross 5M 7/59

PYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, if institution, Residence before admission) a. COUNTY MARYLAND ome ru c. CITY OR COWN (If outside corporate I mits write RURAL en C. LENGTH OF STAY IN 16 JO,A, I an NAME OF HOSPITAL OR INST. LION (if not in hospital, a ve street address) STREET ADDRESS e. IS RESIDENCE ON A FARMI YES NO ardina 3. NAME OF Month OF_ (Typa or print) DEATH 6. COLOR OR RACE T. MARRIED AT NEVER MARRIED lest birthday) Months Days 9. AGE (In years | IF JNDER I YEAR IF UNDER 24 HRS. WIDOWED [DIVORCED USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State on fore on country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even fretred) Sewing Machine pages 1 within Cleaned 14 MOTHER'S MAIDEN NAME ø 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. for unkown) | (If yes give were release fservice) 18. CAUSE OF DEATH [Enler only one cause per line for (e., (b), and (c).] PART I DEATH WAS CAUSED BY. sudde IMMEDIATE CAUSE (e) **DUE TO** Conditions, if eny, which gava rise to immediate causa DUE TO (a), stating the underlying causa lest PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 200. EXTERNAÇÃO JE WAS GOD. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Port | or Port (| of item 18.)
CAJSE OF DEATH PERFORMED? 20c, TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20* PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. at work at work 21 I certify that I took charge of the remains described above, held an Autopsy . Inspection ... Inquiry 💢 , and in my opinion 0 death resulted from: Natural causes 📈 Accident | | Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE \ DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type Address (Street city, town, or county) 225 BURIAL CREMATION 1 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Specify) <u>040</u> g Nat'l. Nem. Park Burial Falls Church. Va. 240, REC'D BY REGISTRAR | 246, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS VS. AISME Goldberg Funeral Home 4217 9th Street 1.W. SM 9 60



	00883 CERTIFICATE OF DEATH	10779
N)	1. PLACE OF DEATH a. COUNTY BONTGOMERY MARYLAND b. CITY OR TOWN if outside corporate limits, write RURAL and give nearest fown) Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress) 2. USUAL RESIDENCE (Where decessed lived, if institution Resident State in STATE b. COUNTY Pennsylvania c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown) Pequea (Rural) d. STREET ADDRESS	raarest town)
	The Clinical Center, Bethesda 14, Md. R.D. # 1 3. NAME OF DECEASED (Type or print) Kenneth Glenn Morrison Day DEATH January 25,	ON A FARM? YES 1. NO X
	Male White w DOWED DIVORCED 26 July 1949 12 yrs. 1Da. US .L OCCUPATION (Give kind of work 10b. Kind of Business or Industry 11 Birthplace .County & State, or fore gricountry) 12 CITIZEN Codena during most of working life, even if retired)	IF UNDER 24 HRS Hours Min OF WHAT COUNTRY
	DADT I DEATH WAS CALISED BY.	cy land FERVAL BETWEEN ISET AND DEATH
7	gava risa to immediate cause (a), stating the underlying cause lest PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.9) II	Years Years
	Pathologic Iracture Right & Left Temoral neck. Comprehens Iracture Lects 2Db. Accident was underlying [2Db. Describe How Nijury Occured. (Enfar nature of in try in Part I of Nor 18.) OR CONTRIBUTING [CAUSE OF DEATH Ufferther, Notify Medical Examiner)	YES 🔀 NO 🖸
	20c. TIME OF INJURY Month, Day, Year Phour a.m., 19 2Dd. INJURY OCCURRED While Not While at work 20m. 19 2Dd. INJURY OCCURRED 2De. P.ACE OF NJURY (Homa, farm, 20f. (City or lown) factory, street, office bidg., etc.) at work 21. I certify that (I) (this hospital attended the deceased from October 26 1961 to January 25, 1962, it saw the deceased alive on January 25 19.62, and that death occurred at 2.10 From the causes and on the deceased from October 26 1961 to January 25, 1962.	
1	22e. SIGNATURE The derick of Health, Bethesda ATTENDING MED OF STAFF PHYS. ATTENDING DIRECTOR PHYS. PHYS. ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS The Clinical Center, National C	22b, DATE SIGNED
	233. BUR.AL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) REMOVAL (Specify) BULLIA JONES JONES SIGNATURE ADDRESS JONES REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNA	(State) Penna



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edm ssion) I. PLACE OF DEATH e. COUNTY **b.** COUNTY Montgomerv Marviand Montgomery MARYLAND b. CITY OR TOWN (if outs de corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) c. LENGTH OF STAY IN 16 write RURAL end give nearest town) Woodacres Woodacres IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO X ___6008 Cobalt Road 6008 Cobalt Road 4. DATE Year Middle Month OF DECEASED 26 [Type or print] DEATH 19 62 Bert Morrow Jan 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) | Months Hours WIDOWED [DIVORCED Male 10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE County & State, or foreign country' 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Post Office Dept Lowa 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lillie Lindquist A. M. Morrow 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT [Yes, no. or unknwn) | [[fyes give werordetes af service] Nella Morrow-Wife-same 2d WW None INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (+) interior to retroperatoral glands DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (a), stefing the underlying PART I, OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS ALTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of item 18.) 20s. ACCIDENT WAS UNDERLYING FT OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, ! 20f. (City or fown) (County) (Stete) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour e.m. el work el work 1961. to. and that death occured at ... 10.M. from the causes and on the date stated above, saw the deceased alive on 22b. DATE 228 SIGNATURE S.GNED ATTENDING PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) 23d. LOCATION (City, lown or county) (Stelle) 23a, BURIAL, CREMATION | 23b, DATE THEREOF UTTO NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Rockville Maryland Parklawn Cemetery Burlal 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4)C arthur S. Frances Bethesda, Maryland DATE Pumphrev.

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ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decoased fived, if institution, Residence before admission) e. COUNTY **b.** COUNTY by the and 2 death Montgomery MARYLAND Maryland Montgomery b CITY OR TOWN (if outside corporate limits, E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) Wheaton d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress, d. STREET ADDRESS IS RESIDENCE ON A FARM? 3702 Randolph Road 3702 Randolph Road YES NO 3 3 NAME OF 4. DATE Middle Month DECEASED ALICE MUMME Type or pant). 1962 DEATH January 7. 9. AGE (In years | IF JNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED THE NEVER MARRIED T 8 DATE OF BIRTH last birthday) Female WIDOWED | DIVORCED Oct.13,1901 physician 10a USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11, B RTHPLACE (County & State, or fore gn country) 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Clerk Sears Roebuck & Co. Kentucky USA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Then please William Hampton Belle Blair 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO I Address (Yes, no, or unknwn) (If yes give we ror dates of service) 578**-16-124**7 Wm. J. F. Mumme-Item# 2 18 CAUSE OF DEATH [Enter only one cause per fine for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Pulmonary Edema hrs Carcinoma overies with generalized metastasis 4 mon. save rise to immediate cause DUE TO (e), stating the underlying PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(* 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO K 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of Itam 1B.) 2Dc. TIME OF INJURY Month, Dev. Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While Hour a.m. al work et work 21. I certify that (I) (this hospital) attended the deceased from Nov. 5, 1961, to. Jan., ..., ..., 1962, that (I) (We) last 22e SIGNATURE SIGNED DIRECTOR PHYS PHYS. 22d. ADDRESS 22e PHYSICIAN'S death. Produced filed w NAME (Type) Fessenden St., N.W., Washington, D.C. Andrews 230 BURIAL, CREMATION, 236 DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) EMOVAL (Specify) 1/10/62 Parklawn Rockville, Maryland 25a REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE DATE JAN 1 1 162 6. " wy & Thrank Tyson Wheeler Funeral Home-1331 E. Montg. Ave. Rockville - Maryland

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	~/	CERTIFICATE OF DEATH
the second	a ^X	1. PLACE OF DEATH 1 2. USUAL RESIDENCE (Where deceased lived, if institution, Rasidence before admission)
2年 次		a. COUNTY . S. STATE b. COUNTY .
5 5 JEX	/,	
de de		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)
12 12 13 14 16 16		Bethesda (Rural) 10 days Hagerstown
¥	41	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, giva street address) d. STREET ADDRESS a, IS RESIDENCE ON A FARM?
* A		II.S. Naval Hospital, Bethesda, Md. Hamilton Blvd.
pletely appers.	7	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF
e gal		(Type or print) Simon Jerome Murphy DEATH January 6 1962
9 8 5		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE tin years , F UNDER 1 YEAR IF UNDER 24 HRS
and and sark		Male Caucasian WIDOWED DIVORCEDXX February 27, 1890 71 yrs. Months Days Hours Min.
sate ve ve		10a. USUAL OCCUPATION (Give kind of work 110b KIND OF BUSINESS OF INDUSTRY) II RISTINGLACE (County & State or for St. or start) 17 CITIZEN OF WHAT COUNTRY
A Sici		done during most of working life, even if retired)
유 선명 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등		U.S. Navy Pennsylvania USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ath Passe a n		The little of Adult Adult
death inding		William Murphy 13. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Hogo Wicholm Mal
the atte hen hen		[Yes, no, or unkown, [liyes give war or detes of service]
he he he		Agnes Balmond (Sister) 1032 Hamilton Blvd
ian y 1 re		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH
Pick Bara		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Lobular pneumonia, left lung, organism
red ign.	,	441X DUE TO unidentified
aw Ing Ing	V	Conditions, if any, which (b)
Pend Peed rial		gave rise to immediate cause DUE TO
書きず		(a), stelling the underlying Color (c)
K. S.		
CH Signature of the control of the c	又	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a 19 WAS AUTOPSY REPORMED? YES NO
rior		YES NO L
He le		20a ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURED. Enter neture of injury in Peril for Part H of item 18) OR CONTRIBUTING ☐ CAUSE OF DEATH OF CONTRIBUTING ☐ CAUSE OF DEATH
Set Page		
A STATE		20c TIME OF INJURY Month, Dey, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f, (City or town) (County) (State) Hour a.m. While Not While factory, street, office bldg., etc.)
Q 8 7 9 0		
5 2 B		21. I certify that XI) (this hospital) attended the deceased from December 28, 1961, (January 6, 1962, that XI) (we) last
		saw the deceased alive on6January19.62, and that death occured Q5,5,5AM from the causes and on the date stated above.
# 20 10 10 10 10 10 10 10 10 10 10 10 10 10		22a SIGNATURE 22b, DATE
HA ELE		ATTENDING MED, STAFF M.D. PHYS DIRECTOR PHYS X
a a se	- 7	22c. PHYS CIAN'S 22d. ADDRESS
NEW Y		D. L. KETTERING. LT MC USN US Naval Hospital, Bethesda, Md.
HOSPI sith, Pa FUNE ector, p		23a BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (5'ate)
240 g		Burial 1/10/62 Catholic Cemetery Jeanetta, Pennsylvania
H H		
VR A1S (4) 15M 7/61		W. Warren. Taltavull Funeral Home, 3603 14 th Str NW 141 9 162 Outland L. Kings
		" HETTER TOTOGRAFT TOME JOOD TH ON DAK MM

MARYLAND STATE DEPARTMENT OF HEALTH

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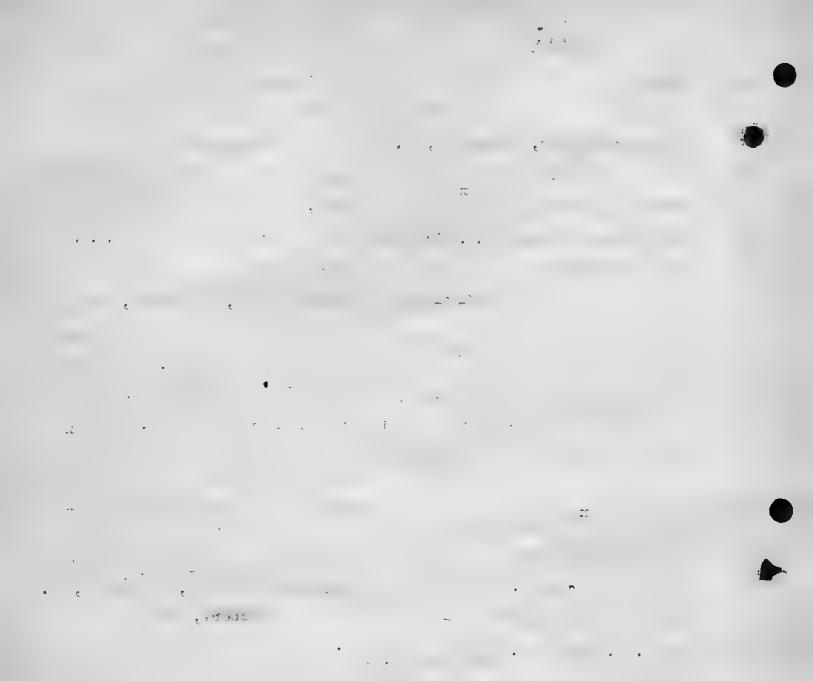
RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaased lived, if institutions Residence before admission) a. COUNTY **b.** COUNTY Montgomery Illi noi s MARYLAND b. CITY OR TOWN (f outside corporate amils, e. LENGTH OF STAY N 16 c. CITY OR TOWN (If outside corporate fimits, write RuRAL and give neerest town) write RURAL and give neerest town 185 Days Waukegan Bethesda d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress d STREET ADDRESS 15 RESIDENCE ON A FARM? 516 Oakwood Street The Clinical Center YES NO I 3. NAME OF Middle DECEASED (Type or print) HOLLOW CHARLOTTE MURRAY DEATH January 12. 5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years 'IF UNDER I YEAR) IF UNDER 24 HRS. ley birthdey) Months | Days February LL. Female WIDOWED [10a USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY I 1 BIRTHPLACE County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Housewife. None Todi ana USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Bert Magnesa Nancy Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Reverd (Yes, no, or unkown) ! (Ifyesgivewerordelesofservice) The Clinical Center, Bethesda lu, Maryland 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)] ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Pulmonary Embolus, suspected Immediate IMMEDIATE CAUSE (e) DUE TO Malignant Carcinoid with Metastases 18 months gave rise to immediate cause **DUE TO** (a), stating the underlying cause lest. PART IL OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILE 19, WAS AUTOPSY PERFORMED? NO [20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of natry in Pert I or Pert II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, ferm, 20f (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stete) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that 10 (this hospital) attended the deceased from July 11. 19 61 to January 12.19 62 that (14 (we) last saw the deceased alive on. Jan. 12..... 19.62., and that death occurred a 6:35%, AMm the causes and on the date stated above. 22b. DATE 22a SIGNATURE D PHYS. Tanuary 12, 1962 ATTENDING 22c. PHYSIC, AN'S The Clinical Center, National William B. Kremer Institutes of Health, Bethesda lh. Md. 23d. LOCATION (City, town or county 23a. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY EMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNA 25a, REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE VR A15 (4) Mart & Heaven 15M 9/60



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admiss on) I. PLACE OF DEATH a. COUNTY b. COUNTY Montgomery

b. CITY OR TOWN (if outside corporate I mits. MARYLAND California E. LENGTH OF STAY IN 16 CITY OR TOWN (If outs de corporele limits, write RURAL end give nearost town) write RURAL and giva nearast lown) 37 davs Lancaster Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS e, IS RESIDENCE ON A FARM? YES NO The Clinical Center, Bethesda lh. Md. 45051 Redwood Avenue J. NAME OF A DATE Month DECEASED OF (Type or print) DEATH Bernice Ruth Muscardine 19 January 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER I YEAR DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months | Days June 8, 1921 Female WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR NOUSTRY 11 BIRTHPLACE County & Stalls or foreign country 12. CIT ZEN OF WHAT COUNTRY? dona during most of working life, even if retired) U.S. Air Force U.S.A. Civil Service Employee 14. MOTHER'S MAIDEN NAME John Aleck Griffin Zura Ida Grogan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record (Yes, no, or unkown) (Ifyesgive werordeles of service) The Clinical Center, Bethesda 14, Maryland No 18. CAUSE OF DEATH Enter only one cause per I na for (e), ,b), and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY. Cardiac Arrest hours IMMEDIATE CAUSE (e) bull to Extensive pulmonary congestion leading to marked respiratory insufficiency. hours DUETO Congenital heart disease with total anomalous (a), stating the underlying (c) pulmonary venous drainage and atrial septol defect. MANUE STATE STATE AND THE STATE OF THE STATE OF THE STATE OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(m) 19 WAS ALTOESY PERFORMED? (corrected): persistent left superior vena cava. YES TO NO ZOB. DESCRIBE HOW INJURY OCCURED (Enter nature of nury in Part I or Part II of itam 18) 20e. ACCIDENT WAS UNDERLYING [_ OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. NJURY OCCURRED . 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Month, Day, Yaar factory, streat, office bldg., etc.) While Not While et work Hour a.m. 21. 1 certify that \$\mathbb{X}\$ (this hospital) attended the deceased from December ... 8. , 1961, to January ... 14, 19.62 that \$\mathbb{X}\$ (we) last saw the deceased alive on January 11... 19 52., and that death occured al. 25MP Mm the causes and on the date stated above. 22a SIGNATURE ATTENDING DIRECTOR PHYS. x January 15. PHYS. M.D. 22c. PHYSICIAN'S The Clinical Center, National NAME (Type) Richard P. Anderson stitutes of Health, Bethesda li. Md. 23a BURIAL, CREMATION, | 23b, DATE THEREOF 23d. LOCATION (City, fown or county) 23c. NAME OF CEMETERY OF CREMATORY Removal (Specify) Texas Deport. O & B 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

ARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH STICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before edmission) e. COUNTY b. COUNTY MONTGOMERY MARYLAND MARYLAND HOWARD b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give peeres) town write RURAL and give nearest town) within 24 SYKESVILLE HR. 25 MIN OLNEY d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital ig ve street address) d STREET ADDRESS B. IS RESIDENCE ON A FARM? MC KENDREE ROAD YES NO GENERAL HOSPITAL NAME OF M.ddle 4. DATE Manth DECEASED OF DEATH (Type or print) HERBERT 19 HOBBS JANUARY 62 MUSGROVE AGE (In years If JNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7, MARRIED TO NEVER MARRIED 8 DATE OF BIRTH last birthdey) Months Days Hours MALE 1-28-92 WIDOWED [DIVORCED [7Ωvrs. 10a, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore on country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) RETIRED FARMER MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME NELLIE LOUISE HOBBS STEPHEN WASHINGTON MUSGROVE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address [Yes, no. or unknwn] (If yes give we or detectiservice) HOSPITAL RECORD OLNEY, MARYLAND 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN CEREBRAL HEMORRHATE DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any. Which gave rise to immediate cause DUE TO [e], stefing the underlying the PART IL. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 2De. TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED | 2Da, PLACE OF INJURY (Home, Jarm, 2Df, [City or Jown) (County) factory, street, office bldg , etc.) Not While While Hour a.m. at work et work 21. | certify that [l] (this hospital), attended the deceased from...... 196.3, and that death occurred ab.: 45M, from the causes and on the date stated above. saw the deceased alive on... 22e. SIGNATURE ATTENDING MED DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type CLARKSVILLE, MARYLAND CHARLES S. WHITAKER, M.D. 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (Steta) REMOVAL [Specify] 9.0 Feb. Harmony Cemetery Howard County 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** YR A15 (4) 15M 9/60 LDATE



within

death



W. PRESTON STREET, BALTIMORE 1, MARYLAND 00891 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission) a. COUNTY **b.** COUNTY MARYLAND 구우 b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet addrass) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO U pletely 3. NAME OF First Middle DATE Yaar DECEASED OF DEATH (Type or print) 19 and coi ATE OF BIRT 5. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER I YEAR) IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Days WIDOWED TO DIVORCED 10a. USUAL OCCUPATION ,G ve kind of work 12. CITIZEN OF WHAT COUNTRY? 106 KIND OF BUSINESS OR INDUSTRY 11. BINITIPL .E. County & State, or fore gn country) Wisconsin done during most of working life, even if retired) Retired - Board of Trade-Chicago, Il MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 117. INFORMANT John Nehring Addrass (Yas, no, or unknown) I (If yas give war or detas of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for [a], [b], and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BYronary IMMEDIATE CAUSE (a) DUE TO gava risa to immadiata cause **DUE TO** (a), stating the underlying causa last. WAS AUTOPSY PERFORMEDI DESCRIBE HOW INJURY OCCURED, (Enter nature of in ury OR CONTRIBUTING CAUSE OF DEATH 20d INJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or lown) (County) (State) (actory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. certify that (1) (the hospital) attended the deceased from NOVI 9.... 1960 to Chrung 6, 1962 that (1) (was) last saw the deceased alive on S 22a. SIZINATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR M.D. 22d. ADDRESS death. Page O FUNER director, be filled v 23d, LOCATION , City, lown or acurity) DATE THEREOF NAME OF CEMETERY OR (\$tata) 23a, BUR AL, CREMATION, 23b REMOVAL (Specify) Lincoln crematory Prince Md. Georges 01 Cremation 24 FUNERAL DIRECTOR S'SIGNATUR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 DATE JAN 9 Wash 9. 5.6



TO HOSPITAL OR may be retain

VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	00892	CE	RTIFICA	TE OF DEATH			00884
1 PLACE OF DEATH a. COUNTY				2 USUAL RESIDENCE (W)		If institution: Reside	nce before admission)
	Montgome		MARYLAND	Maryl	and	Mo	ntgomery
b. CITY OR TOWN (RURAL and give n	If autside carparate limits, earest tawn)	write c. LENGTH (DF STAY IN 16	c. CITY OR TOWN (If o	utside carporate lin	its, write RURAL and	give nearest town)
	ington	4 mc	0.8.		gda Sil	ver Spri	
QR INSTITUTION	TAL (If not in hospital, give			d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Kensin _t	gton Garden	ns Sanito	rium !	1915 G1	en Ross	Road	YES NOT
3. NAME OF DECEASED	First		Middle	Last	4. DATE OF	Month	Day Year
(Type or print)		llie	F.	Nelsdn	DEATH	Jan.	29 1962
S SEX		MARRIED T NEVE	R MARRIED 📋	B. DATE OF BIRTH		birthday) IF UNDE	Days Hours Min
F	1 7-	NUP.	DIVORCED [85 yr 11	22
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Housewi	fe				gton D.	C.	USA
13, FATHER'S NAME				14. MOTHER'S MAIDEN N	NAME		
	lllip Foga:			Johanna			
15, WAS DECEASED EVE (Yes, no. or unknown)	ER IN U.S. ARMED FORCE (if yes, give wor or dates of serv		RITY NO 17, IN		hephard		
No ,		None	Mr	s. Lewis Ph	elps-Si	ster-Che	vy Chase, Mo
	ATH [Enter anly ane caus	e per line for (a), (b),	and (c).]		. e	- 1	INTERVAL BETWEEN ONSET AND DEATH
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gave rise ta i cause (a), stating							
lying cause last) (c)				<u> </u>		
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OR CONTRIBUTING	G CAUSE OF DEATH	DESCRISE HOW IN	NJURY OCCURRE	D. (Enter nature of injury in	Part (ar Part I) af i	tem 18)	•
	MEDICAL EXAMINER)		. 3				
	RY Manth, Day Year	20d INJURY OCCUP While Nat whi	- Fee	ACE OF INJURY (Hame, form tary, street, affice bldg., etc		nj i	(County) (State)
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saw_the decea	sed alive an	29 1962	and that d	eath accurred at 42	R. form the c	auses and an th	e date stated above.
27a GNATURE	2	4		ATTENDING V M	2 /31 = STA	EE	225 DATE / S GNED
	um Ban	Milrad	-	M D PHYS DI	RECTOR D PH	s 🗆	1/29/62
22 PHYSICIAN'S NAME (Type)	T 11.	12 /	, ,	22d ADDRESS 9	241 Cc	1. 8/1	12.
	J. WOLIGH	Danki	read	<u> </u>	IVEL	5/2/-	1179,140
23a BUR AL, CREMAT (REMOVAL (Specify		23c NAME	OF CEMETERY O	R CREMATORY	23d LOCATION (Lity, tawn, or county)	
Burial	2/1/62	Ft. I	Lincoln		Princ		
24 FUNERAL DIRECTOR	'S SIGNATURE	ADDRES	iS	2Sa. REC'	D BY REGISTRAR	2Sb REGISTRARS S	IGNATURE

DATE

Couly & Hand

Robert A. Pumphrey, Bethesda, Maryland



1	7,			MARYLAND STATE DE				
			DIVISION OF STATISTICAL			_	ALTIMORE 1, M	ARYLAND
ra let		_	008 93	CERTIFICAT				00885.2
shou	1		PLACE OF DEATH		2. USUAL RESIDEN	ICE (Where decea	ed I ved, If Institutions R b COUNTY	esidence before admiss on)
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7 3 6 6			write RURAL and give neerest town)	21 days	Elkton	(ir duside corporer	DMHS, WITE KUKAL ENG	g va reerast town)
hin ed ir	51		Bethesda 1. Name of hospital or institution (fi		d STREET ADDRESS	-	(e. IS RESIDENCE
With Co.			The Clinical Center,	Bethesda lli, Md.	88 Holling	gsworth M	anor	YES NO
uted letely pers. 72 hg			NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Day Year
omp omp			Type or print) Ralph	(None)	Newton	DEATH	January	16 19 62
ad in pool	E)	5.		WANTED COLOR MANAGED			st birthday) Months	YEAR IF UNDER 24 HRS.
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h cm		13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
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the atten ken al, a		15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCE	/ ce`				
that the the			NO 18. CAUSE OF DEATH [Enter only one co	Unascertainable Th	e CTINICAL	Center, B	etnesda 14,	Maryland
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ing in si tran				Acute Myelogeenous	leuk emia			4 Weeks
tend tend bee urial			gave rise to Immediate cause (a), stating the underlying					
K: 1			PART II OTHER SIGNIF, CANT CONDITION	ALIC COLUMN BUT NO TO DEATH BUT LO	* OF A WED TO THE TROOP	DISTANCE CONT.	DITION I WAS A DE	
ital icate as t	2	FICATION	Gastric ulcer	DUS COMINIBOLING TO DEVIL 901 NO	RELATED TO THE TERM.	IMME DISTAST COL	IDITION GIVEN IN PART	PERFORMED?
hosp certii use xrior		TELC	20a ACCIDENT WAS UNDERLYING I	POB. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in	Part I or Part II of I	tem 18)	I was Tall was I'm
* 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등		CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
NG by Hear Hea		ICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m.	20d, INJURY OCCURRED 20e, PLA	CE OF INJURY (Home, fer try, street, office bldg., etc.	m, 20f. (City or	town) (Cour	ty) (Stele)
A deta		MEDI	p.m. 19	et work at work		i	· · · · · · · · · · · · · · · · · · ·	
Pep B			21. I certify that II (this hospital) attended the deceased from D	ecember 26.	1961, to J.S	nuary 16, 19	62 that 🔻 (we) last
RECONTRACTOR			saw the deceased alive on Janua	19 ME, and that	death occured at	J. K. Dily Jakasim th	e causes and on ti	ne date stated above. 22b. DATE
O E O E			Fredomik 91. mol	Cland, MDm	ATTENDING PHYS	MED.	STAFF DE 1-16-	SIGNED
2 5 5 E	- 1		22c PHYSICIAN'S NAME (Type)	*	22d, ADDRESS T		al Center,	National
HOSPI th. Pa FUNE Sctor, p filed w	- 1	_	Frederick h	. Welland, M.D.		-	1th, Bethes	_
H 8 - L		234	BURIAL CREMATION, 236. DATE THEREGREENOVAL (Specify) 1/19/62				ON (City, town or county	
C & C & W		24	SUP181 1/19/02	ANDRESS TARLET			1111 AUGI PIT	
VR A15 (4) 15M 9/60		7	Galphi & Ring	odl. Elletini	Med DATE J		Clashung &	
			The state of the s	1 - marine 1				



1		EPARTMENT OF HEALTH	
_	DIVISION OF STATISTICAL RESEARCH AND RECORD	s, 301 w. preston street, baltimore 1 TE OF DEATH	I, MARYLAND
4/1	00034		
YI /	1. PLACE OF DEATH B. COUNTY	2. USUAL RESIDENCE (Where decased I ved, if ins	
\times	Montgomery MARYLAN	Maryland	Montgomery
)	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN write RURAL and give nearest town)	1b c. CITY OR TOWN , if outside corporate fimits write R	URAL and give neerest town)
. 1	Bethesda 3 hours	X Rockville	
۴	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, giva street address)	d. STREET ADDRESS	a. is RESIDENCE
	Suburban Hospital	324 Cedar Lane	YES NO
ľ	3. NAME OF First M.ddle DECEASED	Lasi 4, DATE Month	Day Yeer
Į	(Typa or print) James Douglas	Nuse Jr. DEATH]	31 19 62
1	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	8. DATE OF BIRTH 9 AGE in years IF	UNDER 1 YEAR IF UNDER 24 HRS.
	Male White WIDOWED DIVORCED	1/31/62 fast birthday) vrs.	Nonths Days Hours Min.
11	10a. USUAL OCCUPATION (G.va kind of work 10b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
	dona during most of working lifa, avan if retirad)	Maryland	U.S.A.
ľ	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1 0.00111
	Ismae Pouglas Nusa Cr	Lois Pace	
	James Douglas Nuse, Sr. 15. WAS DECEASED EVER N.U.S. ARMED FORCES? 16. SOC AL SECURITY NO.		
	(Yas, no, or unkown) (Ifyasgivewarordatasofsarvice)		as above
	18. CAUSE OF DEATH (Enter only one cause per line for (a , (b), and (c)]	After county by an	INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY:	ava.	ONSET AND DEATH
	IMMEDIATE CAUSE (a)		- of 2 VV2-
	Conditions, if any, which (b) Promo	ナルバナ	2thrs
	gava risa to immediata causa L	and any	
	(a), stating the underlying DUE TO		
F		T NOT RELATED TO THE TERMINAL DISEASE COND. I ON CIVEN	IN PART I AL 19 WAS A ITOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	THE PERSON OF TH	PERFORMED?
	20a ACC DENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCC	ORED (Enter nature of injury in Part Lor Part Lof Item 18.)	YES NO
	OR CONTRIBUTING □ CAUSE OF DEATH	OKEN TEMA DA GIS OF INTERFER TO FEB 1 OF HEM 18.)	
		D ACE OF IN II DV I Have fare 201 (City and Inc.)	(Caraba)
	Hour a.m. WhilaNot Whila	PLACE OF INJURY (Homa farm, 20f. (City or town) factory, straat, off ca foldg., etc.)	(County) (Stata)
		30! 15	
	21. 1 certify that (I) (this hospital) attended the deceased fr	om 31 Jan 62 1, 19 , to 10 PM	
I	saw the deceased alive on1.6	that death occured at M, from the causes ar	
	22a, SIGNATURE	ATTEND NG MED STAFF	226. DATE SIGNE
	Tranco J Irolndla	MD, PHYS DIRECTOR PHYS	
	Francis J Troendla PHYS CIAN'S NAME (TYPE) FRANCIS J TRUENDLE.	22d. ADDRESS M 00 01 6	2 4 10 W
1		1 out viers there is , 0	rectable that
	23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMET	ERY OR CREMATORY 23d, LOCATION (City, town	or county) (State)
	Bund 2-3-62 Park He	ghts Brunsweet	wines.
L	24 FUNERAL DIRECTOR'S SIGNATURE BADDRESS	4 25a, REC'D BY REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 25b.	TRAR'S SIGNATURE
\	Jule Juneral Mome winning	A MOL DATE	2, 10,000
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, if institution, Residence before admission) a. COUNTY & b COUNTY n MARYLAND b CITY OR TOWN (if outs de corporete l LENGTH OF STAY IN 16 CITY OR TOWN (If outs de corporate limits, write RERAL and give nearest lown) write RURAL and give negrest town) Since 2-12-6 NAME OF HOSPITAL d. STREET ADDRESS e. S RES DENCE OR INSTITUTION (if not in haspite, give streat address) YES NO 3. NAME OF DATE Middle DECEASED DEATH (Type or print) 5. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED and last birthdey) Months Hours Female WIDOWED requires that the death certificate 10e. USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY B RTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Bolder, Colorado Housewife FATHER'S NAME attending pl 14. MOTHER'S MAIDEN NAME (Yes, no, or unkown) | [[fyes givewer ordates of service] John R. Parce 3906 Washington st. Kensington, Md. None 18. CAUSE OF DEATH jerter only one cause per line for (a), (b, and ,c).] INTERVAL BETWEEN reptured Abdomint Butte Aneny PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE te **burial-transit** DUE TO (b) gave risa to immadiate cause DUE TO (a), steting the underlying cause lest. the PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED NO CERTIFI 2Do ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED (Enter natura of injury in Part | or Pert of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dd. INJURY OCCURRED , 20e. PLACE OF HOURY (Home, form, 20f. (City or lown) 20c. TIME OF INJURY Month, Dey, Yeer (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work el work 21. I certify that (I) (this hospital) attended the deceased from... 62 and that death occurred at 132M from the causes and on the date stated above. saw the deceased alive on... 22b. DATE 22a. SIGNATURE SIGNED ATTENDING PHYS X DIRECTOR PHYS M.D. 22d ADDRESS death. Page TO FUNERA director. 22c. PHYSICIAN NAME (Typo) George 10.511 Summit Ave., Kensington, Md. 23a. BURIAL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, lown or county) (State) REMOVAL (Specify) Prince George County Maryland 1-8-62 Fort Lincoln Burial 8434masorgia Avenue 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 C Day & Trans DATE JEN 1 1 '62 Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased) yed, If institution; Residence before edmission) e. COUNTY **b.** COUNTY Montgomery MARYLAND Montgomery b. CITY OR TOWN (if outside corporate limits, & LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate I m Is, write RURAL and give nearest town) write RURAL and give neerest town) Darnestown Darnestown e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS ON A FARM? YES NO TO Darnestown Road 9110 Darnestown Road 3. NAME OF Middle DECEASED OF (Type or print) DEATH Harold McEl wan 19 62 Pease January 6 COLOR OR RACE, 7, MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS S. SEX 8. DATE OF BIRTH last birthdey) Months | Deys WIDOWED [DIVORCED [Male 10a. USUAL OCCUPATION G va kind of work 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Carpenter Carpentering Massachusetts 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Lura McElwan Arbhur Pease 15. WAS DECEASED EVER IN J S. ARMED FORCES? | 16. SOCIAL SECURITY NO 1 17 INFORMANT (Yes, no, or unkown) | (If yes give were reference) Ruby T. Pease-Wife-same 2d Unknown 18. CAUSE OF DEATH [Enter only one chase per line for ,a), (b,, and (c)) INTERVAL BETWEEN ONSET AND DEATH IMMED ATE CAUSE (e) PICUTE CORON ARY 30 MINUTES DUE TO gave rise to immediate causa DUE TO (a), stating the underlying MATERIO SEL EROSIS PART II, OTHER SIGNIF CANT COND TONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 e) 19, WAS AUTOPSY PERFORMED? 20a. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Idam 18.) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, farm 20f (City or town) (State) fectory, streat, office bldg., etc.) While Not While Hour em et work at work 21 I certify that (i) (the hospital) attended the deceased from APRIL 10., 1960, to JAN 7., 1962 that (i) (we) last saw the deceased alive on DFC . 15 . 19 6/., and that death occurred at A. M., from the causes and on the date stated above 22a SIGNATURE ATTENDING 22b. DATE **SIGNED** DIRECTOR 22d. ADDRESS Goddon S. Rosenberger, M.D. 310 W. Montgomery Ave, Rockville. 1 23c MAME OF CEMETERY OR CREMATORY 23d, LOCATION City, town or county, 23e. BURIAL, CREMATION, 236 DATE THEREOF REMOVAL (Specify) OFB /10/62 Cedar Hill Crematory Suitland, Maryland
Address Schaffer Cremation 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Robert A. Pumphrey, Bethesda, Maryland DATE JAN 15'62 | Clether & Hearts 15M 9/60



1			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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thin 24 hour he liner. I fand 2 should should be should	M	Ï	PLACE OF DEATH a. COUNTY MONTGOMERY b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b 2. USUAL RESIDENCE (Where decessed I vaid, if Instribution: Residence before admission) a. STATE b. COUNTY New Jersey c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	5		Write RURAL and give nearest town) Bethesda Atlantic City Atlantic City STREET ADDRESS o. IS RESIDENCE ON A FARM?
pletely f.		3	The Clinical Center, Bethesda 14, Md. 534 Spring Lane YES NO NAME OF DECEASED Month Day Year DeceaseD Coletta Denise Peeler Denise Denise
n and come carbon per carbon per carbon per carbon per carbon per carbon pent, within		I	Coletta Denise Peeler January 9 19 62 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BRIH 9. AGE (in years If UNDER 19 AND 18 Days Hours Min. Semale Negro WIDOWED DIVORCED June 19, 1961 Vis. 7 21 S. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & Siato, or fore gin country) 12 CITIZEN OF WHAT COUNTRY?
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YSICIAN; The law requires that the hospital or attending physician. certificate has been signed by the arous as the burial-transit permit. The prior to burial, cremation, or remova			None None The Clinical Center, Bethesda 14, Maryland None B. CAUSE OF DEATH [Enter only one cause par I no for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY. [MMEDIATE CAUSE In Central Correct, operative Conditions, if any, which gave ise to immediate cause (b) Congenital / Kart Disease - Ventricular Septat (a), stating the underlying DUE TO Defect of Partent Ductus Anteriosus (b) Congenital / Kart Disease - Ventricular Septat (a), stating the underlying cause lest.
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CTOR			21. I certify that (IXThis hospital) attended the deceased from December, 17., 161, to January9, 19.62, that (IX (we) last saw the deceased alive on, January9, 19.62, and that death occurred at 10:40.14 in the causes and on the date stated above.
PITAL OR Page Page DIRECT Page 3 shoul with the State			226 SIGNATURE ATTENDING MED. STAFF SIGNED ATTENDING MED. STAFF SIGNED ATTENDING MED. STAFF SIGNED ATTENDING MED. STAFF SIGNED 226. PHYS.CIAN'S DIRECTOR PHYS. X 1-9-62 226. ADDRESS The Clinical Center, National Institutes of Health, Bethesda 14, Md.
TO HOS death. TO FUN TO FUN director, be filed	Ť	23	BURIAL, CREMATON, 286. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (C by, rown or county) REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 25c. REC'D BY REGISTRAR'S SIGNATURE
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ured letely pers 72 hc		3.	NAME OF Fist Middle test 4. DATE OF	Month Day Year	
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ician		10a do	. USUAL OCCUPATION (Give kind of work ne during most of working life, even if refired)	untry) 12. CITIZEN OF WHAT COUNTRY	
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alten Ihen val, a	-		WAS DECEASED EVER N U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT A s, no, or unknown) (Ifyesgivewerordetesofservice)	d dress	
nit.			18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (g)	HITERVAL BETWEEN ONSET AND DEATH.	
ysicis ed by pern			PART I, DEATH WAS CAUSED BY. Myocardial failure	minute	
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or att has he bu	•		couso lest. (c) Motetituses & more processing	N GIVEN IN PART 1(8): 19. WAS AUTOPSY	
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ECCTOR STATE			saw the deceased alive on 1-8 1962, and that death occured at 3.H.M., from the ca	uses and on the date stated above	
S E S E			Charles R. Shull M. J. ATTENDING MED. STAFF	1-8-67	
Page	1		22c. PHÝSICIAN S NAME (Type) Charles R. Shultz, M.D. 6 Tanager Lane, Simp	sonville Md.	
FUN FOR		23:	BURIAL, CREMATION, 236. DATE THEREOF 236. NAME OF CEMETERY OR CREMATORY 234. LOCATION C		
5 8 5 # 7	3	_	Buriat Shelin Jan. 11. 1962 Luchuran Centry Blendal Ju	b. registrar's signature	
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND BR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiss on) COUNTY COUNTY es. MARYLAND CITY OR TOWN lif outside corporate limits. c. LENGTH OF STAY IN 16 not in hospital, give street address) e, IS RESIDENCE ON A FARM? YES NO D 3. NAME OF DATE DECEASED OF (Type or print) DEATH 19 SEX DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS NEVER MAR. D last birthday) Months Hours Days WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) se Unknow n 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknown) : (If yes a vewer or dates of service) 18. CAUSE OF DEATH [faller only one cause per line for (e), (b), and (c),] along PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) office DUE TO Conditions, if any, Which geve rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II, OTHER 5 GNETICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM HAL DISEASE CONDITION GIVEN IN PART 1191, 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 2De. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. Enter neture of injury in Part I or Port II of item 18.1 PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. CAL I 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer (County) (Stete) fectory, street, office bldg., etc.) While Not While MEDI Hour e.m. at work at work 21 I certify that I took charge of the remains described above, held an Autopsy Inspection 😾 and in my opinion 0 Suicide Undetermined manner death resulted from: Natural causes Accident Homic'de CHIEF MEDICAL EXAMINER lease executes is should be forward. FUNERAL DI ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street city town or county) 226 BURIAL, CREMATION ! 226. DATE THEREOF 22d. LOCATION (City, fown, or country) (State) REMOVAL (Specify) 9 0 A Removal Derry Penns y lyania FUNERAL DIRECTOR VS. ATSME * 1 DATE arthur & Krous 5M 9 60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacessed lived, if institutions Residence before admission) B. COUNTY e. STATE **b.** COUNTY Montgomery MARYLAND Maryland Montgomery ... CIY OR TOWN (If outs de corporete limits, write RURAL and give naerest town) b. CITY OR TOWN if outs de corporata I mifs c. LENGTH OF STAY IN 15 write RURAL and give neerest town) 17220 Colesville Road 2 Days Takoma Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Y Belmont Nursing Home Carroll Avenue papers. n 72 hc completely 3. NAME OF 4. DATE Month Year Midd.e DECEASED OF (Type or print) DEATH 19 VIRGINIA 62 ROBERTA January and coi 9. AGE IIn years ITE JNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED IF UNDER 24 HRS. S. SEX B. DATE OF BIRTH lest birthday} Months Davs Min. Hours Female White WIDOWED [DIVORCED 10e. USUAL OCCUPATION (GIVE kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? (County & State, or foreign country) done during most of working life, even if retired) Washington 14. MOTHER'S MAIDEN NAME D. C. Homemaker U. S. A. 13. FATHER'S NAME Robert Clarvoe Jennie Lomb 0 15. WAS DECEASED EVER NU.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of service) HTERYAL BITWEEN 18. CAUSE OF DEATH [Enter only one cause PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which geve rise to immediate ceusa DUE TO (a), stating the underlying cause last. PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY ATION PERFORMED? 20b. DESCRIBE HOW ,NJURY OCCURED. (Enter neture of injury in Part or Part II of Jam 18.) 20a, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 1 20d, INJURY OCCURRED 20e. P. ACE OF NJURY (Home, form, 20f. (City or lown) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory street, office bldg., etc.) at work et work 19 p.m 19. that (I) (wa) last 21. | certify that (I) (this becould) attended the deceased from . saw the deceased alive on..... and that 22e. SIGNATURE DIRECTOR PHYS. HOSPITAL Bath, Page FUNER 22c. PHYSICIAN'S NAME ITYPE 23d. LOCATION (City, low 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 123c NAME OF CEMETERY OF CREMATORY REMOVAL (Specify) Washington. Rock Creek Cometery Buria 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGI VR A15 (4) Carroll St. N.W. Wash, D. Care 15M 9/60 JAN 1 7 '62 Clothung & Heres



		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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in by the funeral s 1 and 2 should there death.		1. PLACE OF DEATH a. COUNTY MONTGOMERY MARYLAND 2. USUAL RESIDENCE (Where decessed 1 ved, if not lutton; Residence before adm son
	M	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Silver Spring 6 mo. Washington, D.C. **Town (if outside corporate limits, write RURAL and give nearest town) **Town (if outside corporate limits, write RURAL and give nearest town) **Town (if outside corporate limits, write RURAL and give nearest town) **Town (if outside corporate limits, write RURAL and give nearest town) **Town (if outside corporate limits, write RURAL and give nearest town) **Town (if outside corporate limits, write RURAL and give nearest town)
is a second	*,	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) LeDeau Gardens Nursing Home d. STREET ADDRESS d. STREET ADDRESS 6. IS RESIDENC ON A FAM. 9 STREET ADDRESS 16 O CORD. Ave., N. W. 17 STREET ADDRESS
d v		LeDeau Gardens Nursing Home 3600 Conn. Ave., N. W. YES NO E
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exe com com rhin fhin		(Type or print) Mary Morgan Purdon DEATH January 20 19 62 5. SEX 6. COLOR OR RACE 7. MARRIED B DATE OF BIRTH 9. AGE (In your F UNDER 1 YEAR 1F UNDER 24 HR
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e ten	~ /	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Ifyas giva war or datas of service)
at the		No 579-07-4797 Mrs Frederick Gutheim, Dickerson, Maryland
s th. y th y th m t.		18. CRUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).]
uire ysici yd b d ber per		PART I. DEATH WAS CAUSED BY: Ammediate Cause (a) Acute Congestive Heart Failure 24 hrs.
red ph igne igne insit	./	TO X DUE TO
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The tten s be suria		(a), stating the underlying DUE TO
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he		20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part II or Part II of Itam 18) OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH
Per the		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Stata)
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E COMP		saw the deceased alive on Jan 19
Should State		226. DATE
DEO W P		Jan 20, 19
ATA Sagarity	1	22c PHYSUC.AN'S NAME (Type)
DSP)	1	Robert T. Thibadeau, M.D. 10609 Concord St. Kensington Nd
田徳田を造		BENOVAL (Specific)
H H	0	24 FUNEDAL DIDECTOR'S SIGNATURE ADDRESS 1256, REGISTRAR'S SIGNATURE
YR A15 (4) 15M 9/60	Kill.	Tyson Wheeler Funeral Home-1331 E. Montg. Ave.
	743	TOAR TOAR

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution Residence before edmission) Montgomery " STATISTICE of Colombia" MARYLAND b. CITY OR TOWN (if outside comporate limits. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If guiside corporate limits, write RURAL and give necrest town. write RURAL and give nearest lown) days Bethesda (rural Washington. D. C. d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 5913 Essex Court. YES [NOX U. S. Naval Hospital, Bethesda, Md. completely NAME OF Month DECEASED (Type or print) 19 62 DEATH 26 Rael. .January George Thomas 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE IIII VOOTS IF UNDER 1 YEAR LIE UNDER 24 HRS. and last birthday) Months Devs 28 October Male Cauc WIDOWED [DIVORCED Yrs. 10a USUAL OCCUPATION IG ve kind of work 106. KIND OF BUSINESS OR INDUSTRY 11 B.RTHPLACE (County & State, or fore gin country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Washington, D. C. 13. FATHER'S NAME Ruth T. Picton Mr. George J. Rael 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown). (If yes give wet or deter of service) mother-Mrs. Ruth T. Clayton Same as #2 no 18. CAUSE OF DEATH [Enter only one cause per line for (e,, (b) and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, Acute Lymphocytic Leukemia IMMEDIATE CAUSE (8) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying cause last. ATION PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1161, 19. WAS AUTOPSY ERFORMED? NO CERTIFICA 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of many in Part I or Part II of item 18.) 206 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20s, PLACE OF INJURY (Home, farm, 20f, (City or town) Month, Dev. Yeer (County) (State) fectory, street, office bldg., etc.) While Not While Hour e.m. at work at work p.m. 1961. to 26 Jan 19.62 that \$1) (we) last saw the deceased alive on 26 Jan ... 22e SIGNATURE 22b. DATE ATTENDING STAFF 1-26-62 NGNED DIRECTOR ADDRESS 22c. PHYSICIAN'S L. Kettering, OLT MC USN Naval Hospital, Bethesda, Md. S. 23a, BURIAL, CREMATION., 23b. DATE THEREOF 23d. LOCATION (City, lown or county) 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 0 Suitland. Md. uitland Burial 25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNAPURE VR A15 (4) 15M 7/61 Home. Hobe Anacostia DOAN 3 0 '62 Chithur & House

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RYLAND STATE DEPARTMENT OF HEALTH

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH balm G 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmiss or 1. PLACE OF DEATH a. COUNTY 6. COUNTY Montgomery

b. CITY OF TOWN (Fouts de corporete limits, 12 t MARYLAND Maryland Frederick c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) wr to RURAL and give negrest town! Bethesda

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) Frederick 4. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO TO The Clinical Center, Bethesda 14, Md. completely Month DECEASED (Typa or print) DEATH Anne January AGE (In years | IF JNDER 1 YEAR 6. COLOR OR RACE B. DATE OF BRIT ,7. MARRIED NEVER MARR ED and last birthday) Months WIDOWED [Temale White USUAL OCCUPATION (Giv. kind of work I 106. KIND OF BUSINESS OR INDUSTRY 12. CIT ZEN OF WHAT COUNTRY? done during most of working life, avan if retired) Child Maryland None U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James R. Reid Louise Pinney 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO | 17 INFORMANT The Medical Record (Yas. no. or unkown) ! (If yas givewar or dates of service) The Clinical Center, Bethesda 14. 18. CAUSE OF DEATH [Enter only one cause per me for (e), (b), and (c). Maryland ONSET AND DEATH PART I DEATH WAS CAUSED BY: Bilateral bronchopneumonia 2-4 Weeks IMMEDIATE CAUSE (+) DUE TO Years Cystic fibrosis of pancreas gove rise to immediate causa DUE TO (a), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 a) 19, WAS AUTOPSY PERFORMED? NO [2De, ACCIDENT WAS UNDERLYING IT 20b, DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of I tam IB.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d INJURY OCCURRED 2De, PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Not While Hour a.m. While at work at work 21. I certify that (I) (this hospital) attended the deceased from permiser. 26..., 19.61, to January. 1..., 1962, that (I) (we) last saw the deceased alive on January 1. . . 19. 62, and that death occured all DAMfrom the causes and on the date stated above. 228. SIGNATURE 226. DATE SIGNED ATTENDING Walk PHYS. 3 22c. PHYSICIAN'S inical Center, National Institutes William T. Butler. M.D. of Health, Bethesda 1/4, Maryland 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) 0 VR A15 (4) Son, Frederick, Maryland 15M 9/

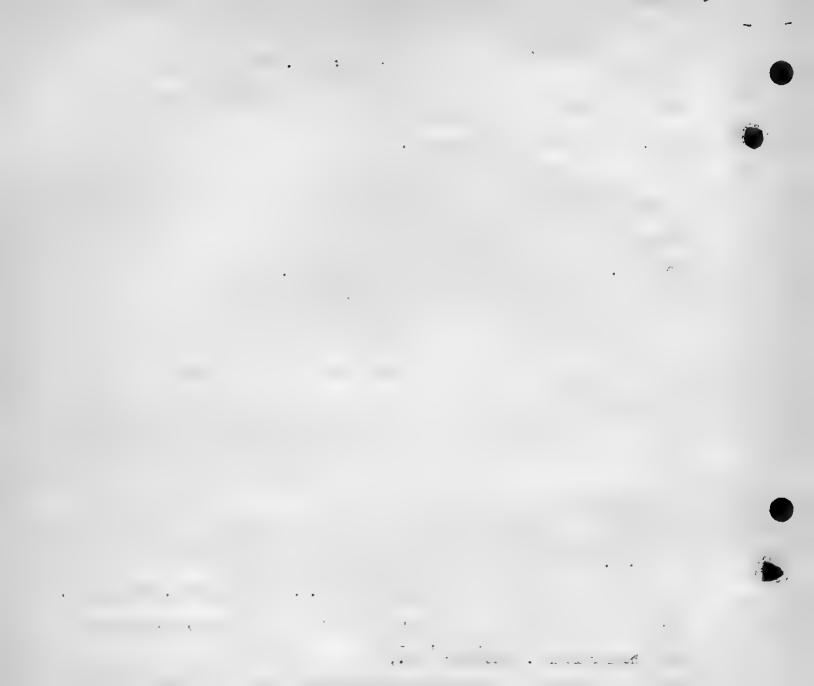


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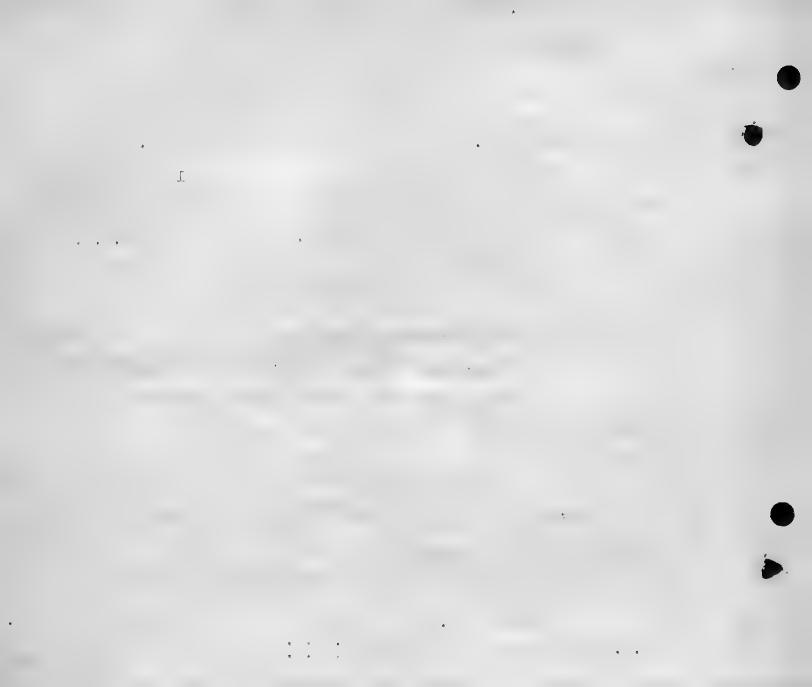
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1.		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M. O.	00897
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A STATE	_	b. CITY OR TOWN (if outside corporate limits, write RURAL and governments) Bethesda (rural) 20 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	, is residence
pletery may	<u>ā</u> .	U. S. Naval Hospital, Bethesda, Md. 30 Picwick Lane NAME OF DECEASED A DATE Month OF DECEASED	YES NO NO
and comporately within	5.	(Type or point) Lisa Machelle Rice DEATH January SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED A B. DATE OF BIRTH Female Cauc WIDOWED DIVORCED 19 October 1961 975. 3	ys Hours Min.
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S should the State		saw the deceased alive on 27 Jan 10.62, and that death occurred at 1.40, Alin the causes and on the 22s squares B. SHEPARD LT MC USN M.D. PHYS DIRECTOR PHYS. W	date stated above 226. DATE SIGNE
FUNE: ector, page filed with		22c PHYSICIAN'S NAME (Type) 22d ADDRESS U.S. Naval Hospital, Bether	sder Md.
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7 01	ļŢ	ryson Wheeler 1331 E. Montgomery Ave.	Though



1		MARYLAND STATE DEPARTMENT OF HEALTH
- 1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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and and carb		female white widowed Divorced 1/12/81 last birthday) Months Days Hours Min.
certificate physician remove any even		10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY
hysician remoxe		Housewife Mass. U.S.A.
ing p		13. FATHER'S MAINE Fredrick William Fiske Isabella Tiffany Hartwell
e di tend m pl		15. WAS RECEASED SUSE BALLS ADJUST FORCES LAY COCIAL SECTION VIA CO. TANDADARAN
at the locat		(Yes, no, or unkown) (Hyesgive wer or detes of service) ? Mary Louise Robbins same as #2
ian.		18. CAUSE OF DEATH [Enter only one cause par I ne for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
raire 17 sic ed the		PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Pulmonary Failure 3 days
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OR May		22a. SIGNATURE 22b. DATE SIGNET SIGNET
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Page TER TER Will	-1	NAME (TypeRichard B. Castell Mayflower Holel
HOSPIT ath, Pag FUNER ector, pe		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State)
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) A COUNTY **b.** COUNTY onigomery MARYLAND bashing ton b. CITY OR TOWN (if outs its corporate limits, c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 23 days a Koma Washina d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle DECEASED OP (Type or print) DEATH LOCIA EYS Jan 196 2 ician and con love carbon event withir 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months WIDOWED -DIVORCED T 10s. USUAL OCCUPATION (Give kind of work IDS. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE County & State or foreign country) done-during most of working life, even if retired) Sheet Metal Worker Rhode Island 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN & AME Jose 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (Hyesgive wer or dates of service) 11 Jash 18. CAUSE OF DEATH Enter only one cause per I ne for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a). DUE TO gave rise to immediate cause (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19, WAS AUTOPS PERFORMED 20e. ACCIDENT WAS UNDERLYING [] 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18 OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Der PLACE OF INJURY (Home, ferm, 20d, INJURY OCCURRED I 2Df. (City or Jown) 20c. TIME OF INJURY Month, Day, Year (County) (State) featory, street, office bldg., etc.) While Not While Hour e.m. et work et work D. M 1938 10 X an 23 21. I certify that (i) (this hospital) attended the deceased from any and that death occured at SAM, from the causes and on the date stated above. saw the deceated alive on...... DATE ATTENDING STAFF SIGNED PHYS. PHYS. DIRECTOR M.D. PHYSICIAN'S AZA/LADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL ISpecify! Gate of Heaven Montgomery County, 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) € 5 .H. Hines Co. -2901 DATUAN 2 1SM 7/61

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VR A1S (4)		23a, BURIAL CREMATION, 23b. DATE THEREOF PROPERTY OF CREMATORY 23d. LOCATION (City, Town or county) (State) REMOVAL (Soperity, 1/5)/962 Graham Cemetery Orange Virginia 24 Company Registrar 25b Registrar 25b Registrar 25b Registrar 30 Res 5 Wilson Blood 25a Rec'd by Registrar 25b Registrar 3 SIGNATURE 24 Company Registrar 25b Registrar 25b Registrar 3 SIGNATURE 25 T T T T T T T T T T T T T T T T T T T
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W. PRESTON STREET, BALTIMORE 1, MARYLAND DEATH tem #8-r 7505 - 17211/02-mn0 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased .. vad, If institution: Res dance before admission) a. COUNTY_ **b.** COUNTY MARYLAND b. CITY OR TOWN (if outs descorposation 2NGTH OF STAY IN 16 putsida corporata amits, writa RURAL and give naarest town) څ write RUPAT and give scarest d. NAME OF HOSPITAL va straat addrass) STREET ADDRESS IS RESIDENCE finat in hospita . a ON A FARM? YES NO 2 completely 3. NAME OF Midd a DECEASED OF (Typa or print) DEATH 19 and col 5. SEX 8. DATE OF BUTH AGE (In years) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED DE NEVER MARRIED est birthday) Months WIDOWED DIVORCED OVE USUAL OCCUPATION GIVE kind of work 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR NOUSTRY & Stello, or fore gir country) dona during mest of working lite, even if retired) 13 FATHER'S NAME TA. MOTHER'S MAIDEM attending 古 16. SOCIAL SECURITY NO. ARMED FORCES? INDOMMAN (If yas give war or dates of sacvica) 18. CAUSE OF DEATH (Enter only one cause per-line for [a], (b), and [c] INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava rise to immediata causa DUE TO (a), stating the undarlying causa last. PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(B) 1 19. WAS AUTOPSY PERFORMED 8 2 20a ACCIDENT WAS UNDERLYING _ 20b. DESCR.BE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part I of Itam 18.) OR CONTRIBUTING (1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Homa, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stata) factory, streat, office bldg., atc.) White Not While Hour a.m. al work al work p, m, 21. I certify that (I) (this hospital) attended the deceased from. [.C'-10 , and that death occured at from the causes and on the date stated above. saw the deceased alive on... 228 SIGNATURE 22b. DATE SIGNED PHYS DRECTOR PHYS 22c PHYSICIAN'S ADDRESS FUNER! NAME IType 238. BURIAL, CREMAT ON, 1 236. 23d. LOCATION City, town or county OR CREMATORY EMOVAL (Specify 0 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) DATE JAN 2 J. Elmy S. France 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



	Fig. 1	MARYLAND STATE DEPARTMENT OF HEALTH			
A	X	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND		
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NE Pa		NAME/(Type) 77.33 alaska din n.w.	Westingler DC		
Haran Haran		230. BURIAL, CREMATION 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or con DREMOVAL (Specify)	(State)		
545.54	5	DURIAL 1112/62 1117. 21010 CEM. 11/43/EIK. A.	J., N./1_		
VR A1S (4)		24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250, REC'D BY REGISTRAR 256, REGISTRAR 25	14		
1SM 7,61		Lefalloreffered fore 4217-9-857 3. hr. DATEJAN 12'62 1 cally &	Thema		



1 MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, A	AARYLAND
00911 CERTIFICATE OF DEATH	
1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved, It institute 6. COUNTY 6. COUNTY 6. COUNTY	on). Residence before edmission)
Maryland Montgomery Maryland Montgomery	gomery
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown)	Lend give reerest town)
Bethesda 12 days . Takoma Park 5 7 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address,	I e. IS RESIDENCE
Suburban Hospital 508 New York Avenue	ON A FARM?
3. NAME OF First Middle Last 4 DATE Month	Day Year
DECEASED OF Schoenberg DEATH Jan.	22 19 62
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UND Month Month	DER 1 YEAR IF UNDER 24 HRS.
6 6 5 WILL OF WIDOWED DIVORCED 17 yrs.	
done during most of working life, even if retired)	CITIZEN OF WHAT COUNTRY?
Housewife Lithuania 13. Father's Name 14. MOTHER'S MAIDEN NAME	U.S.A.
Mendel Schaeffer Kale ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT (designition) Address	
(Yes, ne, or unknown) (Hyesgive werordetes of service) None Florence S Steinberg Silver Spr	4 Highland Dr.
18. CAUSE OF DEATH [Enter on y one cause Der I ne for (a) (b), and (c)]	INTERVAL BETWEEN ONSET AND DEATH
PART I, DEATH WAS CAUSED BY, MMEDIATE CAUSE (e) Coute hyoral af Lylanc tra	-/ clay
Edition of the state of the sta	4
Conditions, if eny, which (b) Conditions of eny, which (b) Conditions of eny, which (b)	
(e), stefting the underlying DUE TO	
ceuse lest. (c) PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN I	PART I(e) 19. WAS ALTOPSY
PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN F	PERFORMED?
20e ACCIDENT WAS UNDERLYING _ 20b. DESCR BE HOW INJURY OCCURED. (Enter neture of nigry in Pert I or Pert II of Tem 18.)	
佐田 名芸宝 101 To the Color of the Color o	(County) (Stete)
p.m. 19 et work et work	
5 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	1962 that (I) (we) last
saw the deceased alive on . Jan 2 19 62 and that death occurred at 16AM, from the causes and c	on the date stated above.
ATTENDING MED. STAFF	SIGNED
22c PHYSICIAN S 22d, ADDRESS	
TOTAL TOTAL OF TIME AND TOTAL OF THE PROPERTY	March 1
O 236 BURIAL, CREMATION, 235. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or company)	ounty) (State)
Burial Jan 24, 1962 Nat'l. Mem. Park Falls Church, Va	~
VR A15 (4) VR A15 (4) 15M 9/60 ADDRESS 250. REC'D BY REGISTRAR 250 R	R'S SIGNATURE
15M 9/60 Steller Steward Home 4217 - Gen St Del DATIAN 25'62 answar.	S. TUALLA



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH AA919 I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased invad, if institution: Residence before admiss on) A. COUNTY a. STATE b. COUNTY Montgomery MARYLAND Kansas b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town) write RURAL and give nearest town) Bethesda (Rural 52 davs Wichita d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address, d. STREET ADDRESS u. IS RESIDENCE ON A FARM? YES NO Naval Hospital S. Rutan Street NAME OF Middle 4. DATE Month DECEASED OF (Type or print) DEATH Andrew Frank Schoeppel Januar v 6. COLOR OR RACE 7. MARRIED TY NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday, Months WIDOWED T DIVORCED 23 Navember 1894 Caucasian 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY II. B.RTHPLACE (County & State or foreign country 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) please ren U.S. Government Senator Kansas USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George J. Schoeppel 15. WAS DECEASED EVER IN U.S. ARMED TORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Ann Philip Address Washington, D.C. (Yes, no, or unkown) ill yes give werer detectiservice) Marie T. Schoeppel (Wife) 4000 Cathedral Ave.. 190x99x55x TO CAUSE OF DEATH |Enter only one cause per I no for (a), (b), and (c) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Pulmonary embolism, bilateral, multiple IMMEDIATE CAUSE (a) DUE TO gave rise to immadiate cause DUE TO (e), slating the undarlying PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 8, 19, WAS AUTOPSY CERTIFICATION ERFORMED? use 2Da ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of tem 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED I 2Da. PLACE OF INJURY (Home, farm, 20f. (City or lown) [County] (Stata) factory, street, office bldg., atc.) While Not While Hour e.m. at work at work attended the deceased from 1. December ... 1961, to 21 January, 19.62 that 10 (we) last 21. I certify that Wathle January.....19.62., and that death occurred at 25.5PN on the causes and on the date stated above. saw the deceased 22a SIGNATURE 22h, DATE ATTENDING PHYS. DIRECTOR 21 January 22c. PHYSICIAN S 22d. ADDRESS U.S. Naval Hospital, Bethesda, Md. 23a, BURIAL, CREMATION | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, fown or county) (Stata) REMOVAL (Specify) 1-25-62 Old Mission Cemetery 0 Burial Wichita Kansas 24 FUNERAL DIRECTORS, SIGNATURE 25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Washington, D.C. VR A15 (4) ISM 7/61 Circling S. Thous Sons Inc., Funeral Home 1756 Penn.



8 1	10	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND						
		0091	CERTIFICAT		00995			
funeral	7	ACE OF DEATH	<u> </u>	2. USUAL RESIDENCE (Where deceased lived, finst				
まる年	VI)	Montgomery CITY OR TOWN (If outs de corporete	MARYLAND	D.C.				
24 h		write RURAL and give nearest town) Bethesda	D.O.A.	CCITY OR TOWN (fourside corporete imits, write Ri	L7 X · ?			
ithin dd	17		N , if not in hospite, give street address)	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?			
ely fi		Suburban Ho	* *	4415 Dexter Street, N.W.	YES NO NO			
scufe paper 72		FCEASED YPA OF Pr nt) Willi		OF DEBUTY	-3 10 1-			
Son t				B. DATE OF BIRTH 9 AGE (In yeers IF	UNDER 1 YEAR IF UNDER 24 HRS.			
te be and cart, v		le White	WIDOWED DIVORCED	Feb. 8, 1900 61 yrs.	conths Deys Hours Min.			
ertifica tysiciar remove my eve		USUAL OCCUPATION (GIVE KIND OF VI during most of working life, even if n	vark 10b. KIND OF BUSINESS OR INDUST		12. CIT ZEN OF WHAT COUNTRY?			
	-)	Banker ATHER'S NAME	<u> </u>	Washington, D.C.	U.S.A.			
TO LE UNITED	-)	Clarence E. Schoo		Lizzie L. Tiffany	_			
the de aftendi Ilien pl		no, or unkown) (If yes give we rordete:	FORCES? 16 SOCIAL SECURITY NO 17					
that n. the it emo		has deep PM to describe the	one cause per line for (a), (b), and (c).]	eenor 0. (wife) same as a	I INTERVAL BETWEEN			
vires /sicia /d by perm		DART : DEATH WAS CA SED BY		INTARETION	ONSET AND DEATH			
req p phy signe ansit		4 3.0 N DUE	10	-: H ()	1.			
nding seen ial-tr		Conditions, if any, which lave rise to immediate cause	•	Tie HEART DISEASE	YEARS. =			
or after or after e has b the buri burial, c	0	e), stelling the underlying DUE	(c)					
IAN:		PART II OTHER 5 GNIFICANT CO	NOTIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM, NAL D SEASE CONDIT ON GIVEN	IN PART 1 6) 19. WAS AUTOPSY PERFORMED?			
SIC ospit entific use a		De, ACCIDENT WAS UNDERLYING E	20h DESCRIBE HOW INJURY OCCURE	D. (Enter nature of in any in Pert I or Pert I. of item 18.,	YES NO W			
PHY the h his o		F EITHER, NOTIFY MEDICAL EXAMIN	TH :	7, 21.00 to 21.00 ot 1.20 to 1.20 to 2.00 to 2				
NG Lby ffer t sched		Oc. TIME OF INJURY Month, Day	Yeer 20d. :NJURY OCCURRED 2De. P.	ACE OF .NJURY (Home form 2DI. (City or town, street, office bidg., etc.)	(County) (State)			
delta A		p.m. 1	et work at work	1. 100 C				
Der Der		 I certify that (I) (this ho aw the deceased alive on 	spital) attended the deceased from	t death occured at 2 M, from the causes an	, 196.2. that (I) (was last			
OR A ay be IREC should State		20 BIGNATURE	01	ATTENDING MED. STAFF	22b. DATE SIGNED			
The 3	- 1	Kuchard 7. M	anegold	AD PHYS DIRECTOR PHYS	1-21-62			
Per		2c. PHYSICIAN'S NAME (Type) Richard	F. Manegold	5255 Lough boro	20 Dist Columbi			
HOSP ath. Pe FUNE ector, p		BURIAL, CREMATION, 235, DATE MOVAL (Specify)						
Sept Sept Sept Sept Sept Sept Sept Sept		Burial 1/24.		National Arlington, 250 REC'D BY REGISTRAR 25b REGIS				
VR A15 (4) 15M 9/6■	,	uneral director's signature The S. H. Hine:	ADDRESS Company-Washing		fur 2. Turns			
			The state of the s	OII 3D TO GAME				

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 06986 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND monta 0.72 C/2 b CITY OR TOWN (If outside corporate limits, write LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) ethesd-R Md. 1112,10 mooled d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? OR INSTITUTION YES NO IX CONGRESSIONRI 4. DATE NAME OF Middle Month Year DECEASED OF DEATH (Type or print) 1962 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS SEX MARRIED | NEVER MARRIED | lost birthday) Manths Haurs WIDOWED IX DIVORCED | 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? arcss maker ict of Golymbia 13. FATHER'S NAME 4 MOTHER'S MAIDEN NAME Scarge 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17 INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (d) **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RÉLATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119 WAS AUTOPSY PERFORMED? YES NO A 206. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, farm, 20f (City or town) 20c. TIME OF INJURY 20d. INJURY OCCURRED Day, Year (County) (State factory, street, office bldg , etc.) Hour a.m. While Not while at wark 🔲 at wark P. m 21 I certify that (1) (this hospital) attended the deceased from 3-1-40. 19 19(2) and that death occurred at 3.5 M, from the causes and an the date stated above. sow the deceased alive on. 22a SIGNATURE S GNED ATTENDING PHYS MED.
DIRECTOR M D 22c PHYSICIAN'S NAME (Type) 22d ADDRESS 230 BUR AL, CREMATION, 236. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, tawn, or county) (Stote) REMOVAL (Specify) Congressional Cemetery Washington. Burial 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25h. REGISTRAR'S SIGNATURE Washington, D. C VR A15 (4) DATE JAN 1 5 '62 Orthur & Kroud 15M 9/S9



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission) a. COUNTY a. STATE **b.** COUNTY 라. 1.2 montgomery MARYLAND c. CITY ON TOWN (If outside corporate limits, write RURAV and give neares town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 22 days Takama Park Takama d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS # IS RESIDENCE ON A FARM? Flower Washington Sanitarium + Hespital YES NO 3. NAME OF DATE Dey Year M ddfe Month DECEASED Silena (Type or print) Jan 20 DEATH 196 2 1 E Seek 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 4 B. DATE OF BIRTH 9. AGE (In yours IF UNDER I YEAR) IF UNDER 24 HRS. last birthday) Months Days Hours Female WIDOWED [DIVORCED 10a USUAL OCCUPATION [Give kind of work 1 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE County & State, or foreign country 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) physi 4.5 md. 13. FATHER'S NAME MOTHER S MAIDEN NAME Verett Carol m. 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO | 17. INFORMANT (Yas, no, or unkown) , (If yesquewer or dates of service) tospital Record 18. CAUSE OF DEATH [Enter only one cause per line for [e], (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DISE TO Conditions, fany, which (b) geve rise to immediate cause DUE TO (a), stating the underlying causa last PART AL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(*) CERTIFICATION 19. WAS AUTOPSY PERFORMED? NO 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, Enter nature of injury in Part or Port il of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. [City or fown) (County) (Steta) Month, Day, Year factory, street, office bldg., etc.) Not While While Hour am et work et work 21. I certify that (1) (this hospital) attended the deceased from. Dec. 29 196/ 10 5/2000 2. R. 1963 that (1) (we) last 25 19 6.2, and that death occured at6// M, from the causes and on the date stated above. 22e. SIGNATURE 22b. DATE STAFF SIGNED ATTENDING. DIRECTOR 22d. ADDRESS 23a BURIAL CREMATION , 236 23d LOCATION /City, town or county) REMOVAL (Specify) 0 5 REGISTRAR 256. REGISTRAR'S 25a, REC'D BY 24 FUNERAL DIRECTOR'S VR A15 (4) 15M 7 61 Curiny S. Tisava

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 00908 CERTIFICATE OF DEATH 00916 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where degeased lived. If institution: Residence before admitsion a. COUNTY b. COUNTY MARYLAND b CITY OR TOWN (If autside carporate limits, write c. CITY OR JOWAN (If autside carporate limits, write RURAL and give nearest town) RURAL and pive hearest tows gyy street ofdress Suburban d. NAME OF HOSPITAL (If not in hospital, d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? _Hospital YES | NOY 9 4. DATE OF DEATH NAME OF Day filled DECEASED (Type or print) 9. AGE (in years last birthday) IF JINDER I YEAR IF LINDER 24 HRS S. SEX MARRIED NEVER MARRIED 8 DATE OF BIRTH Months Days WIDOWED IT DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS 12. CITIZEN OF WHAT COUNTRYS during most of working life, even if retired) 11.51.1 ATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED PORCES? 16. SOCIAL SECURITY NO 17 INFORMANI D) None CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) NTERVAL BETWEEN < ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) gned gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TO NO TO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) LON 20c TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f, (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) Hour g. m. factory, street, affice bldg., etc.) While Nat while at wark p. m 194 that (I) (we) last 21 1 certify that (1) (this hospital) attended the deceased fram.__ RONE 2, and that death accurred at 5.30 Might the causes and on the date stated above saw the deceased alive on 220 SIGNATURE SIGNED STAFF M D DIRECTOR -22c PHYSIC AN'S NAME (Type) Cedar Lane, Kensington, Md. SARAH GLOVER

23c. NAME OF CEMETERY OR CREMATORY

Bethesda, Md.

Spring Green Cem.

23d LOCATION (City, lawn, ar caunty)

25g, REC'D BY REGISTRAR

DATE JAN 9

Spring Green. Wisconsin

25b REGISTRAR'S SIGNATURE

will of S. Howa

(State)

VR A15 (4) 15M 9/59 BURIAL CREMATION 236 DATE THEREOF

ROBERT A. PUMPHREY

REMOVAL (Spec fy)

Burial-transit

24, FUNERAL DIRECTOR'S SIGNATURE



PRESTON STREET, BALTIMORE 1, MARYLAND USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) . PLACE OF DEATH a. COUNTY b. COUNTY MONTGOMERY D. C. MARYLAND b. CITY OR TOWN (if outside corporate limits, e LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) within 24 Washington Bethesda **f**Rural l 53 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a, IS RESIDENCE ON A FARM? U. S. Naval Hospital, Bethesda, Maryland YES NO X Poplar executed 4. DATE complet DECEASED OF (Type or print) DEATH Leonard Shane 1962 George January 1. 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday and Garb Months 58 vo. Male Caucasian WIDOWED DIVORCED December certificate IOs. USUAL OCCUPATION (GIVe kind of work 10b. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Retired Naval Officer New York USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Then please Katherine Welch George L. Shame 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO., 17. INFORMANT Address (Yes, no, or unkown) (If yas giva war or datas of service) WIFE: Mrs. Æva D. Shane. Same as 18. CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** gava rise lo immadiata cause DUE TO (a), stating the undarlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY CENTIFICATION PERFORMED? YES 🔽 NO 206. DESCRIBE HOW ANJURY OCCURED, (Enter nature of incurry in Part I or Part II of Itam 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or fown) (Stata) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., atc.) Not While While Hour a.m. at work at work baw the deceased alive on Jan 1.....19...62., and that death occured at 4:17PMom the causes and on the date stated above SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR January 2. ALD: 22d. ADDRESS NAME (Type) U. S. Naval Hospital, Bethesda, Mad. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Arlington National Arlington, Virginia Burial 24 EUNSTAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A1S (4) 15M 7/61 Joseph Gawlers Sons Inc., 1756 Penn. Ave.NW.WDC



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STAT MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, If 'institution: Residence before edmission) e. COUNTY 6. COUNTY Montgomery director. Pag-Montgomerv Maryland MARYLAND b. CITY OR TOWN (if outside corporate I mits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If putside corporete limits, write RURAL end give necrest town) write RURAL and give negrest town). 20 vrs. Chevy Chase Chevy Chase d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Shepher e. IS RESIDENCE ON A FARM? Shephard Street 3404 Shepp 3404 Shephard YES NO K 3. NAME OF First Lest Middle 4. DATE Year DECEASED OF (Type or print) Edward Mead DEATH She rman Jana 16 1962 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months | Devs Male White WIDOWED [DIVORCED [July 15. 1900 10e. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (Stelle or foreign country) 12. C T.ZEN OF WHAT COUNTRY? Give Pages 1, 2, srm PM3. Page done during most of working I fe, even if retired). U.S.A. Retired store manager Safeway chain Virginia pages within 13. FATHER'S NAME 14. MOTHER'S MA DEN NAME Charles Thatcher Sherman Jeanette G. Cropp 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17, INFORMANT (Yes, no, or unkown) | (Ifyes give were released service) thould be executed with in pencil in Item 18 s Office along with five burial-transit permit, amovel, and in any e 77-03-7674 Mrs. Christine E. Sherman Item #2 No 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN PART I DEATH WAS CAUSED BY: PHEASU OFFISH Coronary occlusion IMMEDIATE CAUSE (e) in bed DUE TO certificate should Conditions, fany, which "pending" i Examiner's C used as a b gave rise to immediate cause DUE TO writing the word "pending Chief Medical Examiner" Page 3 should be used as (a), stelling the underlying cremation, or PART II. OTHER SIGN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G. VEN. IN PART 181 19. WAS AUTOPSY CERTIFICATION PERFORMED? History of previous coronary disease Medical should be NO K 206. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert Lor Pert Lor lem 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dev Year 2Dd. NJURY OCCURRED | 20e, PLACE OF INJURY [Rome, ferm, 20f, (City or town)] (County) (State) fectory, street, office bldg., etc.) While Not While Hour a.m. et work at work prior 083 Inspection ... 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry | 0 and in my opinion Cowarded I death resulted from. Natural causes -Suicide Undetermined manner Accident Homicide CHIÉF MEDICAL EXAMINER the should be forward the FUNERAL DII ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAM NER 1-16-62 DEPUT Frank J. Broschart NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 220, BURJAL, CREMATION | 226. DATE THEREOF 22d. LOCAT ON (City, fown, or country) (State) REMOVAL (Specify) g40 9 1-18-62 Cedar Hill Cemetery Prince Georges Burial Maryland 8434ADDRESS Georgia Ave. 246. REC'D BY REGISTRAR I 246. REGISTRAR'S SIGNATURE VS. ATSME DATE JAN 1 9 '62 Warner E. Pumphrey Inc. Silver Spring. Md. 5M 7/59 Curing & House

RYLAND STATE DEPARTMENT OF HEALTH





DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE Where deceased lived, If institutions Residence before admission) Montgomery b. COUNTY Montgomery · STATE Maryland MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) requires that the death certificate be executed within 24 ho & LENGTH OF STAY N 16 b. CITY OR TOWN (if outside corporate limits, OTHEN and g va mearast town) Rockville d. STREET ADDRESS . IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address ON A FARM? Box 264 Montgomery General Hospital YES NO 3. NAME OF Middle 4. DATE Month Dey DECEASED OF 1962 ROGER SHOEMAKER DEATH CHARLES (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years 'IF JNDER 1 YEAR) IF UNDER 24 HRS. carbon 8. DATE OF BIRTH birthday) white Months Hours and Male 2-14-86 WIDOWED 129 DIVORCED 12, CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work IDb, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Virginia U.S.A. nursery Laborer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME William Shoemaker Betty Myers 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 116 SOCIAL SECURITY NO 17, INFORMANT Address (Yes, no, or unkown) (Ifyes give wer or dates of service) 215-18-0136 hospital records unknown INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BILE PERITONITIS RUPTURED GALL BLADDER Conditions, if any, which " gave rise to immediate cause XXXX (a), stating the undarlying cause lest. BILATERAL BRONCHOPHEUMONIA PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part , or Part II of Itam 18.) ZDO. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (County) (Stata) 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, 2Bi. (City or town) 2Dc. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Not While While 꼇 Hour a.m. at work al work to, 19....., that (I) (we) last JAN. . 8 21. 1 certify that (.) (this hospital) attended the deceased from. SIGNATURE ATTENDINGS STAFF PHYS. MD ARTHUR F. WOODWARD, M.D. ROCKVILLE, MARYLAND 23d. LOCATION (City, fown or county) 230. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL .Specify) Lay tonsville, Md. 0 5 3 Laytonsville Burial 1-12-62 256. REGISTRAR'S SIGNATURE ADDRESS 25a, REC 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Laytonsville, Md. 15M 9/60 Francis H. Barber DATE

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 201 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, finstitution: Residence before admission) a. COUNTY **b.** COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWNY (If outs de comporate limits, write RURAL and give neerest lown) IS RES DENCE ON A FARM? Ave yes - no X 3. NAME OF M ddle DECEASED 1962 (Type or print) DEATH carbon 5 SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED X NEVER MARRIED pue last birthday) Months Days DIVORCED WIDOWED [physician USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 2-2-12 USA 13. FATHER S NAME please attendii Then ple EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wer or detes of service) John R. Sievers-Husanbd-same IB. CAUSE OF DEATH (Enter only one cause per I ne for (e), (b), and (c).) څ of the welast ONSET AND DEATH PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (6) gova risa to immediate cause DUE TO (e), stating the underlying the PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(10), 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 0 20b DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert I of Item 18) 200. ACCIDENT WAS UNDERLYING THE OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDIMAL 20d, INJURY OCCURRED 20s, PLACE OF INJURY (Home, farm, 20f. (City or fown) 20c. TIME OF INJURY Month, Day, Year (County) (State) fectory, street, office bldg., etc.) While Not While Hour a.m. al work et work (1) (was last 21. I certify that (I) (this hospital) attended the deceased from ... saw the deceased alive on K.K. 22b. DATE 22a. SIGNATURE STAFF ATTENDING page with t PHYSICIAN'S ADDRESS Horace 23d. LOCATION (City, lown or county) 23s, BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL Specify) の音品 Crematory Suitland Cremation __Marvland 250, REC'D BY REGISTRAR | 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE YR A35 (4) Pumphrey, Bethesda, Maryland DATE JAN 25 6 1 July S. Thanks 15M 9/60

3 CC-056

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edgi ssion) e. COUNTY b. COUNTY o. STATE West Virginia Montgomery MARYLAND b. CITY OR TOWN (if outside corporete lim ts, c. LENGTH OF STAY N 16 c. CITY OR TOWN (If outs de corporete limits, write RURAL and give nearest town) write RJRAL and give nearest town) Charles Town 21 Days Bethesda d STREET ADDRESS . IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? The Clinical Center, Bethesda 14, Md. Route #1 YES NO IL 3. NAME OF Last 4. DATE Month DECEASED (Type or print) DEATH January Silveous Gav 8 DATE OF BIRTH 9. AGE (In years | IF JNDER 1 YEAR 6. COLOR OR RACE IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 🚽 lest birthdey] White Female WIDOWED DIVORCED March 30. 10e. USUAL OCCUPATION [Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY & State or foreign country) done during most of working life, even if retired) U.S.A. West Virginia None Child 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry Silveous Ruth Bagent 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT The Medical Records (Yes, no, or unknwn) (If yes give wer or detes of service) The Clinical Center, Bethesda 14, Maryland NO 18. CAUSE OF DEATH [finter only one cause per line for [e], (b) and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Hepatic failure, ascites, anemia 2 weeks IMMEDIATE CAUSE (a) DUF TO 1 month Thrombocytopenia, heart failure geve rise to immediate ceuse DUE TO (e), stating the underlying 2 months Disseminated Histoplasmosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES THE NO TO 20e ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury In Port I or Port II of Iom 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stele) 20c. TIME OF INJURY 20f. City or town) Month, Dev. Yeer factory, street, office bldg., etc.) Not While et work at work 21. I certify that (I) (this hospital) attended the deceased from December .12. 19.61 to ... January .2. 19.62 that (I) (we) last saw the deceased alive on...January. 2,....19.62., and that death occurred att. 100, from the causes and on the date stated above. 22b. DATE 22e, SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. The Clinical Center. National RICHARD ADLER, M.D. Institutes Of Health, Bethesda 14, Md. 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Cemetery Winchester 25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 [4] Pumphrey. Bethesda, Maryland 15M 9/60

within 24

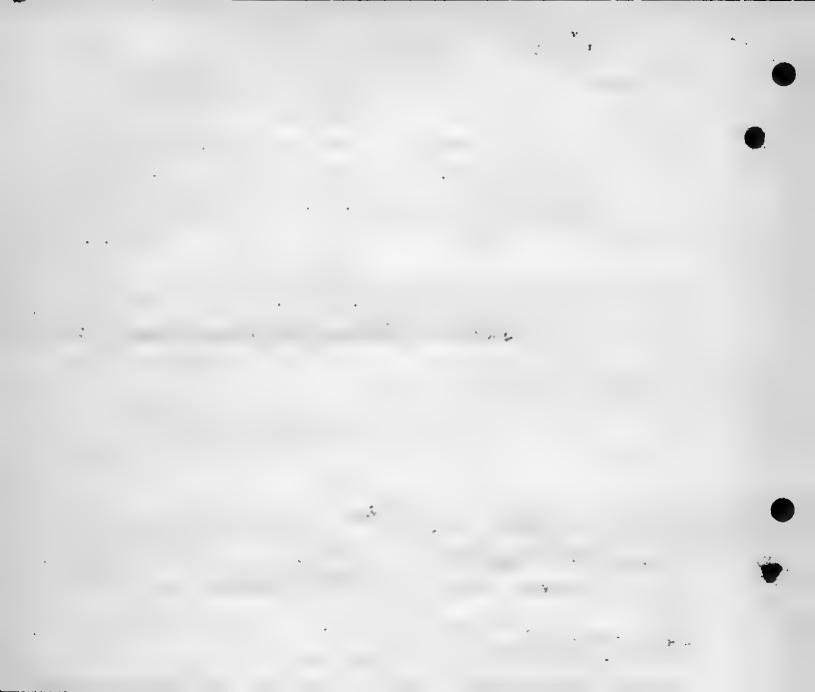


00923 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) d. COUNTY b. COUNTY ONTGOMER MARYI AND CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) HESDA d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? ELGIN LANE 55 33 YES NO NAME OF Middle 4. DATE Month DECEASED Year OF DEATH (Type or print) 196 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years last birthdoy) Months DIVORCED WIDOWED TIL 10a. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY USA HOUSEWIFE J3. FATHER'S NAME EISENBERG DAVID DIAINA STEIN BERG 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 33 ELGIN LANE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Conditions, if pny, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING JO WAS AUTOPSY PERFORMED? YES 🗍 NO 🛐 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II ar Part III of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc. Hour o. n. While Not while at wark at work p. m. on 5 1962 that I last saw the deceased 21. I cortify that I attended the deceased from and that death occurred at 51/4. M, from the causes and an the date stated above. ADDRESS (Street, city or tawn, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) T. LEBANON CEMETER ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4 15M 9/55 arthur & Kraus

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



requires that the death certificate be executed within 24



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

I director, filed with

Funeral

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filled

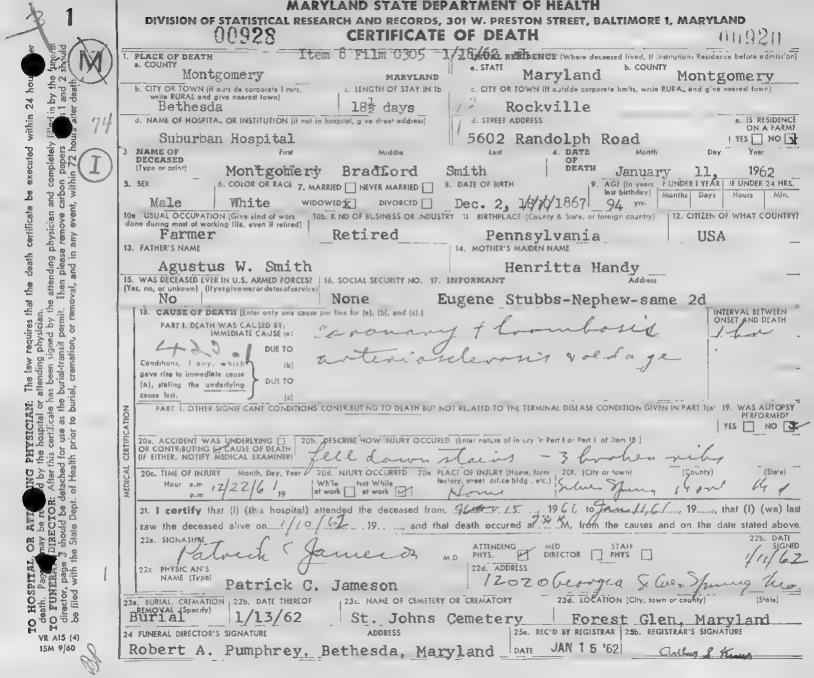
15M 9/5B



CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE Maryland b. COUNTY Mantyomer MARYLAND CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b RURAL and give nearest town) 4 4 ears Silverspring d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 9401 New Hampshire Hul. 9401 New Hampshire Vtue YES I NO I NAME OF 4. DATE Month DECEASED OF DEATH E11246 eth (Type or print) 19 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS SEX 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH lost birthday) Months Hours WIDOWED D DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.19, Own home NewTork Housawite 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hammen Mary E. Jimonson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 9401 New Hompshile Ace. Stonley N. Smart 20 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) } INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral L'ascular IMMEDIATE CAUSE (O) DUE TO Generalized Arteriosclerosis Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1661 19. WAS AUTOPSY PERFORMED? YES TO NO IT 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18) 20c. TIME OF INJURY Month. 20e, PLACE OF INJURY (Home, form, 20f (City or lown) Doy, Year 20d. INJURY OCCURRED (Stote) (County) foctory, street, office bldg., etc.) Hour o. m While Not while of work at work 7 to Jan. 28 1962 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 7:05 77-M, from the causes and an the date stated above. ADDRESS (Street, city or lown, stole) PHYSICIAN'S TEMES L. LOUBOCH Ity attsuille, M 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22d. LOCATION (City, town, or county) 22r. NAME OF CEMETERY OR CREMATORY (Stote) 1 - 30 - 62Cedar Hill Cemetery Suitland Maryland Burial 24b REGISTRAR'S SIGNATURE 240, REC'D BY REGISTRAR 23 FUNERAL DIRECTOR'S SIGNATURE / 2 VS A15 (4) 15M 9/55 O lung & Frank Warner E. Pumphrey Inc. Silver Spring. Md.









DIVISION OF STATISTICAL RESEARCH TON STREET, BALT!MORE 1, MARYLAND RTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, If institution: Rasidanca bafore adm ss.on) a. COUNTY **b.** COUNTY COLUMBIN . MARYLAND b. CITY OR TOWN of outside corporete rimits, C LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest lown) write RURAL and give nearest town) WASHINGTON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 201-YES NO 3. NAME OF DECEASED OF (Type or print, DEATH 5. SEX 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 9. AGE fin years | IF UNDER 1 YEAR lest birthday) Months WIDOWED X DIVORCED |] 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired! 13. FATHER'S NAME 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivawarordetesofservice) DRANISH-AMER-18. CRUSE OF DEATH [Enter only one causa per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH **DUE TO** Conditions, if any, which gava rise to immediata cause DUE TO (a), stefing the underlying ceusa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED 208 ACCIDENT WAS UNDERLYING 1 , 208. DESCRIBE HOW INJURY OCCURED, (Enter neture of in dry in Pert I or Pert II of Item 18., OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED , 20e, PLACE OF INJURY (Home, form, ; 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. et work at work 21. I certify that (I) (this hospital) attended the deceased from . 4...19. 6 and that death occured at J. p.M., from the causes and on the date stated above. 22e. SIGNATURE 225, DATE ATTENDING SIGNED PHYS. DIRECTOR 22c. PHYSICIAN'S NAME '(Type) 23a, BURIAL, CREMATION | 235 REMOVAL (Specify) TON NAT, CEM. BURIAL 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) GA. AVE. N.W. Similary S. Thomas HOME DATELLIN 8

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	MAII	IYLAND STATE DEPARTMENT OF HEA	LTM
	DIVISION OF STATISTICAL RESI	CERTIFICATE OF DEATH	ET, BALTIMORE 1, MARYLAND
1.	PLACE OF DEATH	m. STATE	re decassed lived, if institution; Residence before edmiss b. COUNTY
-	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. LENGTH OF STAY IN 16 STAY IN 16	Montgomery corporate limits, write RURAL and give nearest town)
	Comus d NAME OF HOSP TALL OR INSTITUTION (if not in	hospilal, giva streel eddress) Comus d STREET ADDRESS	Ø. IS RES DEI ON A FAF YES↓↓ NO
3.	NAME OF First DECEASED (Type or print)	Middle Last 1.4, DA. OF DEF	Month Dey Year
5.	SEX 6. COLOR OR RACE 7. MAI	Ruth Spates	9. AGE (n years HF UNDER 1 YEAR HF UNDER 24 H
10	Female White WIDG DO USUAL OCCUPATION (Give kind of work of aduring most of working life, even if retired)	DWED D VORCED 1/21/1912 B. KIND OF BUSINESS OR INDUSTRY 11 BIRT IPLACE County & State	50 yrs.
	Housewife	Washington	, B.C. U.S.A
月.	James E. Fox	Ruth Bell S	uddath
(Y+	18. CAUSE OF DEATH [Enter on y one cause of MATTIL DEATH WAS CAUSED BY: MMEDIATE CAUSE (e)	218-24-6559 George E. Spate over line for (a), (b), and (c) occlusion	Comus, Md. Interval Betwee
	Conditions, if any, which gave rise to immediate cause [a], stating the underlying cause last.	mary thrombosis	diseise EVEAD
CATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEA	ASE CONDIT ON GIVEN IN PART 1,8) 10. WAS AUTO PERFORME YES NO
CERTIFIC	206. ACCIDENT WAS JNDERLYING [] 206. OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCR BE HOW INJURY OCCURED. (Entar netura of injury in Part I or P	art il of item 18.)
MEDICAL	Hour a.m. W	Od. INJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm, 20f. /hila Not Whila factory, street, office bldg., etc.) work et work	(City or town) (County (State
	21. I certify that (I) (this hospital) at saw the deceased alive on	tended the deceased from. 10.1.20, 1949,	(1)
	22a. SIGNATURE	19. Ve I, and that death occured at M, I	5TAFF 22b D/ SI
	22c. PHYSISIAN'S NAME (Type) James. P. K		MD-
23	REMOVAL (Specify) Burial 2/1/62		eallsville Md.
24	guneral girector's signature for telle	ADDRESS 250. REC'D BY RE	GISTRAR 25b. REGISTRAR'S SIGNATURE Chilling S. Finance

213-24-65

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where degreesed lived, If institution: Residence before admission) e. COUNTY **b.** COUNTY Montgomery Maryland Montgomery MARYLAND b CITY OR TOWN (if outs de corporata fimits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Spencerville 6 days Olney d NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES PE NO Montgomery General Hospital 3. NAME OF 4. DATE Yeer Middle Lest Month Day DECEASED OF Osborn (Type or print) Stabler DEATH 1962 January 6 COLOR OR RACE 7. MARRIED THE NEVER MARRIED 8 DATE OF BIRTH AGE In years IF UNDER 1 YEAR F UNDER 24 HRS. 1ast to rthday) Months | Days Male 1901 WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12 CITIZEN OF WHAT COUNTRY? 10b KIND OF BUSINESS OR NOUSTRY 11 BRTHPLACE (County & Stete, or foreign country) done during most of working life, even if retired) farmer farmer Maryland United States 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Newton Stabler Mary Hallowell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address (Yes, no, or unkown) (Ityesgiye wer or dates of service unknown Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for fe , (b), end (c)) INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE & Conditions, if any, which gave risa lo immediate rause (e), stating the underlying PART I OTHER SIGNIE CANT CONDITIONS CONTRIBUTING TO DEATH 8 NOT RELATED TO THE TERMINAL DISPASE CONDIT CERTIFICATION PERFORMED? NO T 20a ACCIDENT WAS UNDERLYING LI OR CONTRIBUTING LI CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of in cry in Pert I or Pert II of item 18) IJF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED., 20e. PLACE OF INJURY (Home, farm, 20f. (City or 'own) (County) (State) MEDIC. factory, street, office bldg., etc.) Whila Not While et work et work attended the deceased from. 21. I certify that (I) (this hospital) to..... 19(2.5 that (I) (we) last and that death occurred ...M., from the causes and on the date stated above. saw the deceased alive on 22b. DATE 22a SIGNATURE ATTENDING SIGNED PHYS. PHYS. DIRECTOR ALD. 22c. PHYSIC AN'S 22d. ADDRESS NAME (Type) LIGOR SAND 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) 23a, BURIAL, CREMATION, | 23b (Specify) Friends Sandy Spring Md_{\bullet} REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY, REGISTRAR 1,256. S S FIAS DATE TAN 2 2

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RYLAND STATE DEPARTMENT OF HEALTH

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	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
- O O	00932 CERTIFICATE OF DEATH	_
SENA V	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased hyed, if institution; Residence before some a. COUNTY e. STATE b. COUNTY	sajoni
\$ \F\\	Mantagonary MARYLAND Mod montgomery	
4 7 6 9 6 4 7 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	b CITY OR TOWN (if outside corporate limits, write RURAL and give neares town) write RURAL and give nearest town)	
5 E S S 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	lakoma Park 1017 - 18ilver Springs	Childe
	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) on A F	ARM?
ال ا	Washington San, & Hosp 12814 Yalley would Drive YES No. NAME OF Last 1 DATE Month Day Year) X
completely on pers	DECEASED	7
8 9 8 ½ []	5. SEX [6. COLOR OR RACE] 7. MARRIED NEVER MARRIED [8. DATE OF BIRTH] [9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24	HRS.
a Part		Ain.
ian ian ye	On USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign squalty) 12. CITIZEN OF WHAT COU	NTRY?
erritt vysic remo	NONE Washington UC U.S.C.	
# 6 P P P P P P P P P P P P P P P P P P	3. FATHER'S MAIDEN NAME	
deso plan plan	Thomas H. Stambaugh Frances Stephenson	
the atter	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC all SECURITY NO. 17. INFORMANT Yes, no or unknown) (Ifyesgivawerordetesofservice)	
the the man	10 NONE Yt. Chart	FNI
Sermi Sermi	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEAT	
hys ined oil, o	IMMEDIATE CAUSE (6)_ USE OF CLUB	5
T Sign	Conditions, if any, which \(\text{(a)} \)	
andi Budi beer rial crer	geve rise to immediate cause	-
has the rial,	(e), stelling the underlying cause last.	
A State of the Control of the Contro	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(0) 19. WAS AUTO	OPSY SON
State of the state	mental retardation YES IT NO	
or o	20a ACCIDENT WAS UNDERLYNG L 20b DESCRIBE HOW INJURY OCCURED. (Entar neture of injury in Pert Lor Part II of Item 18.) 2 OR CONTRIBUTING ☐ CAUSE OF DEATH 3 (IF EITHER, NOTIFY MEDICAL EXAMINER)	
14 注意	INF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stet Hour e.m. While Not White factory, street, office bldg., etc.)	'e)
5. de		
	21. I certify that (I) (this hospital) attended the deceased from 1. I. T	
d vi d vi State	saw the deceased alive on	
	Tempert I Diamond M.D. PHYS. DIRECTOR DIRECTOR PHYS.	GNED
a segunda	22c PHYSICIAN'S 22d. ADDRESS	04
P S S S S S S S S S S S S S S S S S S S	NAME (Type) HILL DIAMOND 911-SILVER SPRING AVES. A	1A
THE THE	32 BUR.AL, CREMATION, 23b DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) [Stete)	30
နှင့်ခဲ့ရှိ	Burial 1-19-62 Arilngton National Cemetery Arilngton Virginia	****
VR A1S (4)	Political Director's state of the state of t	
15M 7/61	arner E. Pumphrey Inc. Silver Spring, Md. DATE JAN 22'62 Outlan & Theme	

MARYLAND STATE DEPARTMENT OF HEALTH



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1. 100 8		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
1 = 1 N		00933 CERTIFICATE OF DEATH 00025				
	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where decased livad, if institution Residence before edmission)				
54.4 54.4	_	Mintgenery MARYLAND Reryand Rengency				
24 h		b. CITY OR TOWN (I dis. de corporate I mils. Write RURAL and dire neeres town) Les / mils 4 Dilesse a file				
led in		d. NAME OF HOSPIAL OF INSTITUTION if not in hospital give street address; d. STREET ADDRESS a. IS RESIDENCE ON A FARM?				
b silv fil	1	Kinsington Gardine Sandarum 7/0/ Holy annu YES NO				
mpleh pape n 72	3	Deceased (Type or print) ERNEST CRAVATH STEWARD OF DEATH Jan 28 1962				
be example on arbon, within	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE years NOER 1 YEAR IF UNDER 24 HRS Less day Norths Days Hours Min.				
ficate cian d ove c overth	100 de	. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR NOUSERY 11 EIRTHPLACE (County & State, or lot) 22. CIT.ZEN OF WHAT COUNTRY?				
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ding ding ding ding ding ding ding ding		Thomas C. Steward Lydin Parmer				
the atten Then vval, e		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.; 17. INFORMANT/ 15. no. or unknown) (Ifyes g verwer or de les of service) 579-32 49031. Mus - Kuthur C Sturmed, 2210 F. DV NW. L. C.				
s that ion. y the mit. remo		IB CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]				
quire hysici ned b if per n, or		IMMEDIATE CAUSE (a) Ullim (a)				
aw re ing p rans matio		Conditions, fory, which becale Arterios elevases 1042015				
The Littend s bear sourial-		gove rise to immediate ceuse (a), stating the underlying DUE TO				
N: or a the ha burie	z	CAUSE LOSS. [c] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, 19. WAS AUTOPSY				
ICIA spital tifical te as or to	CATION	PERFORMED? YES NO				
PHYS the hor his cer for us	CERTIFI	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
After of Hea	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (Steta, Hour a.m While Not While steel, office bidg., etc.) p.m. 19 et work at work				
Part d	1	21. I certify that (I) (this hospital) attended the deceased from. 1942, 19, 1924, that (I) (we) last				
ATA V be ould safe [saw the deceased alive on 25 Jan 1962, and that death occurred at 75M, from the causes and on the date stated above.				
O Series		ATTENDING MED. STAFF DIRECTOR PHYS. PHYS.				
Page Ea		22c. PHYSICIAN'S MAME (Type) J. B. QUEEL TAKONER PARK, MY				
HOS ath. FUN ector filed	23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State)				
8 d 2 d 2		FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC D BY REGISTER'S 256 REGISTER'S SIGNATURE				
VR A15 (4) 15M 9/60		Wither Walters 254 Canal & New . LD C DATE JAN 3 0 '62 Cities 8. House				



PARTMENT OF HEALTH

RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

?		TIFICATE O	F DEATH	00926
	I. PLACE OF PEATH • COUNTY) 2. USI	ATE	d lived, If institution: Residence before edmission] b. COUNTY
	b, CITY OR TOWN (if outside comparate limits. c. LENGTH (DE STAY IN 16 E. C.	Virginia TY OR TOWN (If outside corporate	limits, write RURAL and give hearest town]
-1	Bethesda (Rural) d. NAME OF HOSPITAL OR INSTITUTION (II not in hospite), give street	ays d S	Annandale	SSX 3 IS RESIDENCE ON A FARM?
	Oris 5. SEX 6 COLOR OR RACE 7. MARRIED X NEVER M Caucasian WIDOWED DIV	arie	łast	January 21 19 62 [E (In years If UNDER & YEAR IF UNDER 24 HRS.) birthdey) H yrs Hours Min
	10e. USUAL OCCUPATION [Give kind of work done during most of working life, even if refired] Housewife	1	THPLACE (County & State, or foreign	12. CITIZEN OF WHAT COUNTRY? USA
	13. FATHER'S NAME Leo Montgomery 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Hypergive war or dates of service)	NITY NO. 17 INFORMA		Addross
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	end (c).] - pulmo, - + pend uoma c	conald I. Stover insufficiently meta of the bre to the terminal disease cone	Same as #2 NYTERVAL BETWEEN ONSET AND DEATH STORES LOWER STORES PERFORMED? YES TO NO I
	OP. CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING C	RRED 20e. PLACE OF INJ	office bldg., etc.)	wn) (County) (Stele)
1	21. I certify that X) (this hospital) attended the decay with the deceased alive on 21. January. 19.6: 224 SIGNATURE PHYSICIAN'S NAME (Type) BARCLAY M. SHEPARD	M.D. ATT	ending MED ST S DIRECTOR PH	
2	230 BURIAL CREMATION 236. DATE THEREOF 230. NAME REMOVAL (Specify) BUTIAL 1-24-62 24 FUNERAL DIRECTOR'S SIGNATURE HUNT FUNERAL HOME, Waldorf, Mary.	Marys' Chur	h Cemetery Bryon	town, Maryland 256 REGISTRAY'S SIGNATURE

PIVERN OF STAR

funeral ploods

filled in by the

AL OR AL WDING PHYSICIAN: The law requires that the death certificate be executed within 24 has been and by the hospital or attending physician. A DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 3 should be detached for use as the burial-transit permit. Then please remove cerbon paper and the State Dept. of Health prior to burial, cremation, or removal, and in any eyest, within 72 has attended to

TO HOSPITAL

director, page be filed with t death. Pros

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1 70	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
FOR STATE	ODOSE MEDICAL EXAMINER'S CERTIFICATE OF DEATH	06927
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Reside, COUNTY)	tence before edmission,
irector. Page your files.	Montgomery Maryland b. CITY OR TOWN (if outs de corporete limits, write RURAL and give nearest town) Rethesda (Rural) Maryland c. LENGTH OF STAY N 1b Bethesda Bethesda	
e funeral destaire State	d NAME OF HOSP TAL OR INSTITUTION (if not in hospite), give street eddress) U. S. Naval Hospital 3. NAME OF HOSP TAL OR INSTITUTION (if not in hospite), give street eddress) 4717 N. Chelsea Lane Becased Apare Month OF OF	e IS RES DENCE ON A FARM? YES NO X
た	(Type or print) Merle LaRue Sweet January 3,	1952
hours after deall ages 1, 2, and 3 is Page 5 may bgs 1 and 2 with thin 72 hours at	done during most of working life, even if retired) ,	
ed within 24 m 18. Give P ith form PM armit. File pa ny event wi	William Gaines Sweet 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Hyssg.ve werer detesofservice) No None Sis: Miss Harriett Ann Sweet, Washing	
and the second s		NTERVAL BETWEEN
e should be exe ing" in pencil i. sr's Office alon is a burial-trans removal, and	geve rise to immediate cease [b] DUE TO	UNKNOWN
mine mine and a not a no	(c)	UNKNOWN
ER: This certil g the word "p f Medical Exa should be us rial, cremation	PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.0) 2 Do. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	PERFORMED? YES X NO
MIN He Chie R. Page (ZDc. T.ME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF NJURY (Homr., farm, 20f. (Cly or lown) (County, fectory, street, office bidg., etc.)	(State)
DICAL arded to RECTOR	21 I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inqu'ry , ar death resulted from. Natural causes , Accident , Suicide , Homicide , Undetermined manner	nd in my opinion
No.	SIGNATURA . PRINTING M.D. ASS STANT MEDICAL EXAM NER	DATE SIGNED
DEPUTY ease exe. should be tory FUNERAL D its designated	EXAMINER'S NAME (Typo) 220. BURIAL, CREMATION, 220 DATE THEREOF 220. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 220 DATE THEREOF 220. NAME OF CEMETERY OR CREMATORY 220. COUNTY)	6 2_ (State,
5 g 4 5 g	Grouption 1-5-62 Codar Hill Cromatory Suit and 11d. AND ADDRESS 246, REC'D BY REGISTRAR'S SIGNAL THE CODE OF THE	ATURE
VS. A15ME 5M 7/59	ACTION AND ATE JAN 8 '62 Cirthur & 1	



STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 00936 I_PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) **b.** COUNTY MARYLAND CITY OR TOWN (if outside comparate limits, write RURAL and give/newsy) town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY IN 16 IS RESIDENCE ON A FARM? SURBURBAN HOSPITAL YES NO 5 3. NAME OF 4. DATE Middle DECEASED SWICERT (Type or print) DIMM A В. DEATH AGE (In yours LIF UNDER TYEAR I 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED IF UNDER 24 HRS last birthday) Months WIDOWED DIVORCED 10a. USUAL OCCUPATION Give kind of work done during most of working (fe, even if refired) 11. EIRTHPLACE (County & Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? 106. KIND OF BUSINESS OR INDUSTRY INDIANA HOME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME G055 BFTHSHEBA MHOL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Address [Yes, no, or unknown] . (If yes give wer or detector service) MARTINSVILLE, NI UNKNOWNBRAFTON KIVETT 18. CAUSE OF DEATH Enter only one cause perf INTERVAL SETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) geve rise to immediate cause DUE TO (e), stating the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO, THE TERMINAL DISEASE CONDITION GIVEN IN PART 16) 19. WAS AUTOPSY OR CONTRIBUTING LI CAUSE OF DEA JIF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm 20f, (City or fown, (State) (County) effectory, street, office bldg , etc.) While Not While el work et work (we) last (l) (we) last 21. I certify that (I) (this hospital) attended the deceased from. saw Whe deceased alive on. . 1. 22b DATE 226 IGNATURE ATTENDING SIGNED MED. STAFF DIRECTOR PHYS. HARRY A. HORSTMAN ST.N.W. WASH. D.C. EYE 23d. LOCATION (City, town or county) 1 23c. NAME OF CEMETERY OR CREMATORY 234. BUR AL CREMATION, 236. DATE THEREOF REMOVAL (Specify) SOUTH PARK (EMETER BURIAL 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S, SIGNATURE 24 FUNERAL DIRECTOR'S ASIGNATURE **ADDRESS** VR A15 (1 15M 7 61



1		MARYLAND STATE DEPARTMENT OF HEALTH
		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	1_	60937 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, if institution; Residence before edmission
Page lles. ealth,		montgomerus MARYLAND . STATE mol 6. COUNTY in o. Ta
S TE		b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give negrest town)
S to a to to to to		Justherburg 5 min 30 Secrete Shrew
	/ -	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS
		105 Russell aux - In Behinnehen Mice 4509 Bennion Rel YES NO DE
September 1	3.	NAME OF First Middle Last 4. DATE Month Day Year
F 4 5 6 7		(Type or print) Leborah Taulor DEATH Jan 24 1962
# # # # # # # # # # # # # # # # # # #	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 19. AGE 17 YEAR IF JNDER 24 HRS.
Pass 1		Peuse White WIDOWED DIVORCED 8-27-61 lest dightey) Months Days Hours Min.
# 2.0 mm	19	. USUAL OCCUPATION (G vs kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (Stelle or foreign country)
es 1 Pag s 1 s		Infant nel nel
Pag A3.	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
of Person		Joel Jaylor Christini Bogley
(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	1S (Y-	(WAS DECEASED EVER IN J. S. ARMED FORCEST 16 SOCIAL SECURITY NO. 17. INFORMANT
De in		No None Christini Taylor (mothy) Jun 2
tanga da tan		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
cil ii		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) AND DEATH AND DEATH AND DEATH
4 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		DUE TO
		Conditions, if any, which is appear beloperation, Infection I day,
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ficat min ed a		cause last. (c)
d "p Exa Exa Hior	NOF	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,0) 19. WAS AUTOPSY PERFORMED?
his your death of the second o	3	YES NO 🔀
A Sed	ERTIF	206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I or Port I, of Item 18.) PRIMARY OF CONTRIBUTING
NE ing 1	12	CAUSE OF DEATH.
는 사이 있는 다른	DICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20d. PLACE OF INJURY (Home, farm, Hour a.m., While Not While fectory, street, office bldg., etc.) (State)
وَ. يَ عُـ وَ عَـ	MEDI	p.m. 19 et work et work
Ting TO 2		21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
Cent dec		death resulted from: Natural causes . Accident ., Suicide ., Homicide ., Undetermined manner
		ACTUAL 7 1 0 B
a di di		SIGNATURE MD. ASSISTANI MEDICAL EXAMINER DATE SIGNED
Paris de la companya		EXAMINER'S FRANK TO BE DEPUTY MEDICAL EXAMINER & Jan 24-1962
DEPU should FUNE its des	226	NAME (Type) - KANK J Shoch 2 ht Address (Street, city, town, or county) BURIAL, CREMATION, 22b, DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, Jown, or country) (State)
O 5 4 0 9 U 8 4 1 1 1 1		REMOVAL (Specify)
н н	23	Burial 1/26/62 Parklawn Cemetery Rockville, Maryland FUNERAL DIRECTOR Parklawn Cemetery Rockville, Maryland Parklawn Cemetery Rockville, Maryla
VS. A15ME		Pohert A Pumphrey Retherds Maryland
,,,	_	2072212152



STREET, BALTIMORE 1, MARYLAND MEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution, Rasidanca balors edm is on) e. COUNTY b. COUNTY MARYLAND E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURAL end g d. NAME OF HOSPITAL OF e. IS RESIDENCE (If not in hospital, give ON A FARM? YES NO 3. NAME OF Month Year DECEASED (Type or print) DEATH 9. AGE (In years | IF UNDER ! YEAR | IF UNDER 24 HRS rthday) Months | Days Hours WIDOWED 🔂 DIVORCED -OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dong during most of working life, even if retirad) 14. MOTHER'S MAIDEN NAME ECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (If yes give warproates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e. DUE TO Conditions, if any, which gave rise to Immediate cause **DUE TO** (a), stating the undarlying causa last. PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO TO 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. SE 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While et work at work OE: 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 💭 Inquiry 😽 and in my opinion Natural causes 🔀 death resulted from: Accident Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EKAMINER'S should b NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION. 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) St. James Baptist. Z40 Bealeton. Va. 24m, REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE VS. A15ME Rockville, Md. 5M 7/59 Contar S. House



AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH E-ALTII DEPT 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admiss on) 1. PLACE OF DEATH a. COUNTY necessor actor, Page a. STATE **b.** COUNTY rector. n MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neurest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? refaint he State YES NO NO 3 to the fune 3. NAME OF DATE DECEASED OF (Type or print) DEATH 19 G 2 6. COLOR OF RACE 7, MARRIED NEVER MARR ED 8. DATE OF BRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. Hours 18 5 m WIDOWED -DIVORCED Co. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done degling most of working life, even if retired) within 13. FATHER'S NAME 14. MOTHER S. MAIDEN NAME Give 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, na for unkown) ((If yas give war or datas of service) " in searcil in Item 18
Office along with f
burial-transit permit 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) removal DUE TO Conditions, if any, which gave rise to immediate cause Medical Examiner's should be used as a DUE TO (a), steting the undarlying ceuse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(s) 19. WAS AUTORSY CERTIFICATION PERFORMED? cremal YES NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of frem 18.) PRIMARY [] or CONTRIBUTING [] S 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stata) fectory, street, office bldg., atc.) MEDI While Not While Hour a.m. ± 4 at work at work prior 50 판 원 2). I certify that I took charge of the remains described above, held an Autopsy | |, Inspection Inquiry 1 and in my opinion death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL CUNERA. ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER DEPUT NAME (Type) Address (Street, city, town, or county) 220, BURIAL, CREMATION. 22d LOCAT ON (City, town, or country) (State) HMOVAL (Spacify) 40 9 23. FONERAL DIRECTO 24a. REC'D BY REGISTRAR | 24b. REGISTRAR SIGNATURE YS. AISME Orthur & That 5M 9.60 DATE



1.1.	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
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mplet paper in 72	S. NAME OF DECEASED (Type or print) PAULINE NAGLE TROOP DEATH	36/62 報告			
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vsician ysician permit	PART I. DEATH WAS CAUSED BY: [MANEDIATE CAUSE (B)] [MANEDIATE CAUSE (B)] [MANEDIATE CAUSE (B)]	ONSEI AND DEATH			
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CTC Debi	21 I certify that (I) (this hospital) attended the deceased from 1/5, 1991, to 1/30 saw the deceased alive on 1/29				
DIRE DIRE 3 shou	220. SIGNATURE Day D. Sheren ATTENDING MED. STAFF	22b. DATE SIGNED			
R. Page	22c. PHYSICIAN'S NAME (Type) MAX G. SHERER MD PHYS. DIRECTOR PHYS. 122d. ADDRESS 2025 EAST West H'WEY S	1/30/6 2.			
H. P. FUNE	230. BURIAL, CREMATION 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or	county) (State)			
	BONOVAL (Specify) 1/31/196V S.E. HEBREW EM. WASH. DC 24 JUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REGISTRA 250.				
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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admiss on) a. COUNTY **b.** COUNTY Montgomery

b CITY OR TOWN (if outside corporate | m.ls.) MARYLAND District of Columbia and C LENGTH OF STAY IN IN c CITY OR TOWN (If outside corporate I,m ts, write RURAL and give necrest town) write RURAL and give nearest town) 133 days Bethesda Washington d. NAME OF HOSPITAL OR INSTITUTION (final in hospita, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? The Clinical Center, Bethesda 1354 Somerset Place. YES 🗍 NO 💢 DECEASED OF (Type or print) DEATH 19 62 January Austin Trov Owen 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR 8 DATE OF BIRTH IF UNDER 24 HRS. and last birthday) Months November WIDOWED [DIVORCED Male hysician IDa. USUAL OCCUPATION GIVE KIND of WORK 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. B RTHPLACE (County & State, or foreign country) dona during most of working life, even if ratired) California Minister Church U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Juliette Washington Theodore W. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT The Medical Record (Yas, no, or unkown) | (Ifyes giva war or datas of service) The Clinical Center, Bethesda 14, 18. CAUSE OF DEATH (Enter only one cause per the for (a), (b), and (c)) Hemorrhagic pneumonitis PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO Multiple myeloma 8 months gava risa to immediata causa DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO F 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 2Da PLACE OF INJURY (Homa, farm. 2Df. (City or town) (State) Month, Day, Year (County) factory, straat, offica bldg., etc.) While Not While Hour a.m. al work p.m. certify that (1) (this hospital) attended the deceased from September toJanuary 18, 1962, that 70 (we) last 19.61 the deceased alive on January 18. 19...62, and that death occured a will from the causes and on the date stated above. ATTENDING January 18,1962 PHYS D RECTOR PHYS. 122c PHYSICIAN'S inical Center, National Institutes George H. Porter III, NAME (Typa) of Health, Bethesda 11, Maryland director be file 23a, BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) 1/22/62 Lincoln Memorial Cemetery Suitland, Maryland Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUHERAL/DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 3015 12th St. N. EDATE IN 2 2 '62

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) COUNTY **b.** COUNTY files. MARYLAND b. CITY OR TOWN (if outs. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporete l.m.ls, write RURAL end give neeres town) d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 3. NAME OF YES NO T retant he Stati DECEASED (Type or print) DEATH 1962 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE In years last birthday) In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days WIDOWID T DIVORCED [106. KIND OF BUSINESS OR INDUSTRY 12, CITIZEN OF WHAT COUNTRY? does during most of working life, eyen if retired) 13. FATHER'S NAME David Hampton Pugh 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO | 17. INFORMANT (Yes, no, or unknwr) | (Ifyesgivewerordatesofservice) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). MMEDIATE CAUSE (a) " in pan Office Durial-t **DUE TO** gave rise to immediate cause. (e), sleting the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,0) 19. WAS AUTOPSY PERFORMED? NO P 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State) While Not While factory, street, office bldg., etc.) Hour e.m. et work et work OHO OHO 21 I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry 🔀 and in my opinion death resulted from: Natural causes 📝 Accident Suicide Homicide 1 Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED FUNERAL DEPUTY MEDICAL EXAMINER should DEPU NAME (Type) Address (Street, city, town, or county) 220. BURIAL CREMAT ON . 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCALON (City, town, or country) REMOVAL (Specify) 40 9 Glenwood Cemetery Burial Washington 23. FUNERAL DIRECTOR VS. A15ME Company-Washington.D.C. 5M 9/60



I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY a. STATE MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and gry nearest town) b. CITY OR TOWN (if outside comporate lim ts. c LENGTH OF STAY IN 16 writh RURAL and give negest town) D d. NAME OF HOSPITAL OR INSTITUTION (Is not in hospital, g ve street address) . IS RESIDENCE ON A FARM? YES NO 📈 3. NAME OF DECEASED OF (Type or print) DEATH after 1962 8. DATE OF BIRTH 9. AGE (th years IF UNDER 1 YEAR last bightday) Months Days MARRIED IZ NEVER MARRIED I IF UNDER 24 HRS. Months. Days hours. 2. Pages 1, 2, 3. Page 5, 72 I and 2 DIVORCED | 10a. USUAL OCCUPATION (G've kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yesgive war or dates #fservice) APRIGHZ-NOVIHLYES 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Office along we burial-transit premoval, and in a INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if eny, which gave rise to immadiata cause (a), stating the undarlying causa last. PART J. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1,8) 19, WAS AUTOPSY CERTIFICATION PERFORMED? cremat Medical should be NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING DE CAUSE OF DEATH, 20d. INJURY OCCURED Do. PLACE OF INJURY (Home, farm, 20f. (C ty or town) While Not While lectory, street, office bldg., atc.) 20c. TIME OF INJURY Month, Day, Year to the OR: Pa prior af work at work 21. I certify that I took charge of the remains described above, held an Autopsy 170 Inspection and/in my opinion te the certification forwarded I death resulted from: Natural causes Accident N. Suicide [Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER should the FUNER EXAMINER'S DEPU NAME (Typa) Address (Street, city, town, or county) 22c NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Spacify) Fort Lincoln Commutary 2409 2 - 1 - 62Prince George Maryland Cremation 8434 ADDRESS Georgia Ave. 246 REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Silver Spring, Md. DATE PEB 2 5M 9:60 Marner E. Pumphrey, Inc.

DEPARTMENT OF HEALTH

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



1 A	5	MARYLAND STATE DEPARTMENT OF HEALTH
_ "	5	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
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a second	1.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address' Carroll Hall GII Wester N. W YES NO [
mpletel paper: in 72 h		3. NAME OF DECEASED (Type or print SALLIE REBECCA UMSTEAD OF DEATH DEATH 3. 1962
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permit.		18. CAUSE OF DEATH (Enter only one cause per ine for (a, (b), and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) ARTERIOSCHEROTIC HEART DISEASE
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ould be		21. I certify that (I) (this hospital) attended the deceased from AUGUST. 22., 1961., to Jan. 1962 that (I) (we) saw the deceased alive on Jan. 30. 1962, and that death occurred at 10.0 M, from the causes and on the date stated abo
b the Si	,	226. SIGNATURE ATTENDING PHYS ATTENDING PHYS O RECTOR PHYS. 226. DAT SIGN SIGN SIGN SIGN SIGN SIGN SIGN SIGN
ctor, pa	1	NAME (TYPE) HENRY A LOW LEN 520 Change Charge (State) 230. BURIAL, CREMATION, 236. DATE THEREOF 230. NAME OF CEMETERY OR CREMATORY [23d. LOCATION (City, lown or county)] (State)
\$.B)	REMOVAL (Spirity) 2-2362 IST. Mary's Centery Factural Mary's Contery fortural Mary and FUNDAN DIRECTOR'S SIGNATURE ADDRESS ADD
A15 (4) -		Motest a. Vienyphing - Bithesda, Md DATE FEB 6 162 Wilm S. Franks



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY COUNTY Montgomery Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, C LENGTH OF STAY IN 16 c. CITY OR TOWN If outside corporate I m ts, write RURAL and give nearest fown) write RURAL and give neerest town) Silver Springs days Bethesda d. NAME OF HOSPITAL OR INSTITUTION (finot in hospital, give reet address) IS RESIDENCE d. STREET ADDR SS ON A FARM? 10907 Fiesta Road YES NO The Clinical Center, Bethesda 14, Md. 3. NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH Kirk 1962 **lisilaner** January 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR AGE (In years last birthdey) Months Days Houses WIDOWED | September Male 10e. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12, C TIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U-S-A-Student 13. FATHER'S NAME New York

14. MOTHER'S MAIDEN NAME None death Hiram Usilaner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17 INFORMANT The Medical Record quires that the (Yes, no, or unkown) | (Ifyesgivewarordatasofservice) The Clinical Center, Bethesda 14, Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse get ine for (e), (b), end (c)] ONSET AND DEATH IMMEDIATE CAUSE (*) Medullary Compression day Hydrocephalus year geve rise to immediate cause DUE TO (e), stating the underlying Craniopharyngioma PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 208. ACCIDENT WAS UNDERLYING OR CONTRIBLTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part f or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour am et work at work 21. I certify that I (this hospital) ettended the deceased from January 5...., 1962 to January. 8..., 1962, that I (we) last 22e SURNATURE SIGNED ATTENDING DIRECTOR | PHYS. | January 9, 1962 The Clinical Center, National 22c. PHYSICIAN'S NAME (Type) Robert L. Fisher Institutes of Health, Bethesda 14, Md. 23c. NAME OF CEMETERY OF CREMATORY. 23a. BURIAL, CREMATION, REMOVAL, (Spacify) (State) King David Memorial Ggrden Falls Church, 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 B. Danzansky & Sons 3501 14th St., NW DATEJAN 1 2



11.13		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND	
X		CERTIFICATE OF DEATH	
eral	,]	1. PLACE OF DEATH a. COUNTY The place of Death b. COUNTY b. COUNTY b. COUNTY	(neiaan)
声说 人		Montgomery MARYLAND D.C.	
Por Por	nd \	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)	
4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		Write RURAL and give neerest town) Bethesda 1 hr. 20 min. Washington	
hin	74 l	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS e. IS RESID ON A F.	ENCE ARM?
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uted lete	1	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF	
ow ow or	<i>).</i>	(Type or print) Dorothy ELLEN Utz DEATH January 18, 1962 5. SEX 6. COLOR OR RACELY MARRIED THE MARRIED TY 8 DATE OF BRIM 19. AGE (In years, if UNDER 1 YEAR, IF UNDER 24	No.
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then the den t	tifi	15 WAS DECEASED EYER IN L. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Addrass [Yas, no, or unknown] [[Ifyesgivewerordates of service]	
he a TE	ţį	no no None Brother, David E. Utz - same as above	
es the	no	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	EN
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atte das h	r.o	(a), stating the underlying DUE CEREMRAL ARTERY	
AN:	m	PART I. OTHER'S GN FICANT COMDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19. WAS AUTO	OPSY (ED?
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HYS e ho s cer or us prid		OR CONTRIBUTING CAUSE OF DEATH	
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After d b After pf He		Hour a.m. While Not While factory street, office bldg , etc.)	,,,,
pt. o			e) last
CITY of De		saw the deceased glive on. All 1. 19.62 and that death occurred a	/
State			
3 s The		M.D. PHYS. DIRECTOR PHYS. 1810	62
H A ST		22c, PHYSICIAN'S NAME (Type) (TILBEDT B DADE 3000 MUITARY DA NIVITARY	
NINI Our, 10		230 BIJEIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION City, town or country) (State	-
Heath Freed Freed		230, BURIAL CREMATION, 236. DATE THEREOF 23C. NAME OF CEMETERY OR CREMATORY 23d LOCATION CTY, TOWN OF COLOTY) (State Approvally (Specify) JAH 22, 1962 SLENWOOD CAMPTERY WASHINGTON D.	
Pede		24 FUNERAL ORECTOR'S SIGNATURE C C COADDRESS 258 REC'D BY REGISTRAR'S SIGNATURE	
YR A15 (4) 15M 9/60		Warney & Physical 84381 Langic Cure DATE JAN 22 '62 without & though	
		D'Ane	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND **EXAMINER** FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if Institution: Residence before edmission) e. COUNTY Page a. STATE b. COUNTY 1 files, MARYLAND c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside_corporate limits, write RURAL and give nearest town) 10 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? 4900 3. NAME OF YES NO 🕟 DECEASED OF (Type or print) 19 62 6. COLOR OR RACE 7, MARRIED NEVER MARRIED ¥!¥ 8. DATE OF BIRTH 9. AGE (In years HF UNDER I YEAR IF UNDER 24 HRS. last birjihdey) Months Days Hours WIDOWED [D YORCED JSUAL OCCUPATION IGING kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Siele of fore gn country) 1.12. CITIZEN OF WHAT COUNTRY don't during most of working life, even if refired) M. S. C. pages | within 13. FATHER'S NAME MOTHER'S MAIDEN NAME Unknown Unknown along with form transit permit, File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17, INPORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordatesofservice) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) Office DUE TO burial Conditions, if any, which (6) gave rise to immediate cause DUE TO (a), stating the underlying cause lest. nsed cremation PART II. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e), 19. WAS AUTORSY PERFORMED? CERTIFICATI Medical NO V ₽ 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of Item 18) 100 PRIMARY | or CONTRIBUTING | Chief MEDICAL 20c. TIME OF INJURY 1 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Home, farm Month, Day, Year 20f. (City or town) [County] Not While factory, street, office bldg., etc.) While Hour e.m. et work | et work | 21 I certify that I took charge of the remains described above, held an Autopsy I Inspection 📈. Inquiry x 2 and in my opinion O Natural causes V. Accident Suicide Homicide Undetermined manner death resulted fromforward 1. DIRE CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED should be for SIGNATURE S DEPUTY MEDICAL EXAMINER DEPUT 1St & SCh ZLT Address (Street, city, town, or county) should 224, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town or country) 220. BURIAL, CREMATION. 225. DATE THEREOF REMOVAL (Specify) 40 8 Burial-Transit /62 Rienzi Fond DuLac Wisconsin 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME Robert A. Pumphrey, Bethesda, Maryland DATE arthur S. Kines 5M 9 60



PRESTON STREET, BALTIMORE 1, MARYLAND I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY a. STATE b. COUNTY necessa ector, Pag b. CITY OR TOWN lif outside corporate lim c. LENGTH OF STAY IN 16 e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR NATITUTION (if not in hospital, give streat address) IS RESIDENCE ON A FARM? YES NO 🔽 3. NAME OF Midd.e DECEASED OP (Type or print) IF UNDER 24 HRS 7. MARR ED NEVER MARRIED In yaars lest birthdey) Months Days Hours WIDOWED YIS. 106, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO., 17, INFORMANT Address (Yes, no, or unkown) | (Ifyasgivewerordetesofservice) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). NTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate couse DUE TO (a), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6, 1 19, WAS AUTOPSY CERTIFICATION PERFORMED? 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part | or Part | of item 18 PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED, 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) fectory, street, office bldg., atc.) Hour a.m. Not While at work al work CIOE 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry | and in my opinion death resulted from: Natural causes Accident Suicide Homicide I Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER A EXAMINER'S NAME (Typa) Address (Streat, city, town, or county) DEP 22a. BURIAL, CREMATION 22c. NAME OF CEMPTERY OR CREMATORY 22d. LOCATION (Chy town, or country) (State) REMOVAL Specify Ft.Lincoln Cemetery 40 Pr.Geo.Co. Maryland 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME The S.H. Hines Co., 2901 14th St. Wash, DC DATEAN 30'62 5M 7/59 Chillier S. Hrand



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased livad, If institution, Rasidence before admission) a. COUNTY b. COUNTY Montgomery Maryland Montgomery MARYLAND b. CITY OR TOWN (if outs da corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) c LENGTH OF STAY IN 16 write RURAL and give nearest town) Bethesda Ll Days Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give sheet address) d STREET ADDRESS IS RESIDENCE 5117 Wessling Lane The Clinical Center, Bethesda 14, Md. YES NO TO NAME OF DECEASED Pamela (Type or print) Louise January 18. Wacker 6 COLOR OR RACE 7, MARRIED THEYER MARRIED TO 8. DATE OF BIRTH last birthday) Months Days June 29, 1949 Female 10a. USUAL OCCUPATION (Give kind of work 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired; Washington, D.C. None U.S.A. Student 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Mary Stuart Thomas Wacker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Records (Yes, no, or unkown) | (Ifyesgive war or dates of service) The Clinical Center, Bethesda lu. Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a,, b), and (c).] ONSET AND DEATH Pseudomonas Septicemia with Shock Hours IMMEDIATE CAUSE (a) DUE TO (b) Acute Myelogenous Leukemia Weeks Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). 19. WAS AUTOPSY PERFORMED? NO F 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part / or Part 1 of Item 18.) MEDICAL 20e. PLACE OF INJURY Home, farm, 20f (City or lown) 20c. TIME OF INJURY Month, Day, Year 208. INJURY OCCURRED (County) (State) factory, streat, office bldg., etc.) Not While While Hour a.m. 21. I certify that (X) (this hospital) attended the deceased from December 8 ... 19 61 to January 18 19 62, that (x) (we) last saw the deceased alive on January 18, ... 19.62, and that death occurred at 7::36, PMm the causes and on the date stated above. 22a. SIGNATURE ATTENDING SIGNED PHYS. 1962 The Clinical Center, National J. David Heywood Institutes Of Health, Bethesda 14, Md.
EMATORY | 23d. LOCATION (City, town or county) (State) 238 BURIAL, CREMATION, 1236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Gate of Heaven Cem. Silver Spring, Maryland 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Pumphrey, Bethesda, Maryland 15M 9/60

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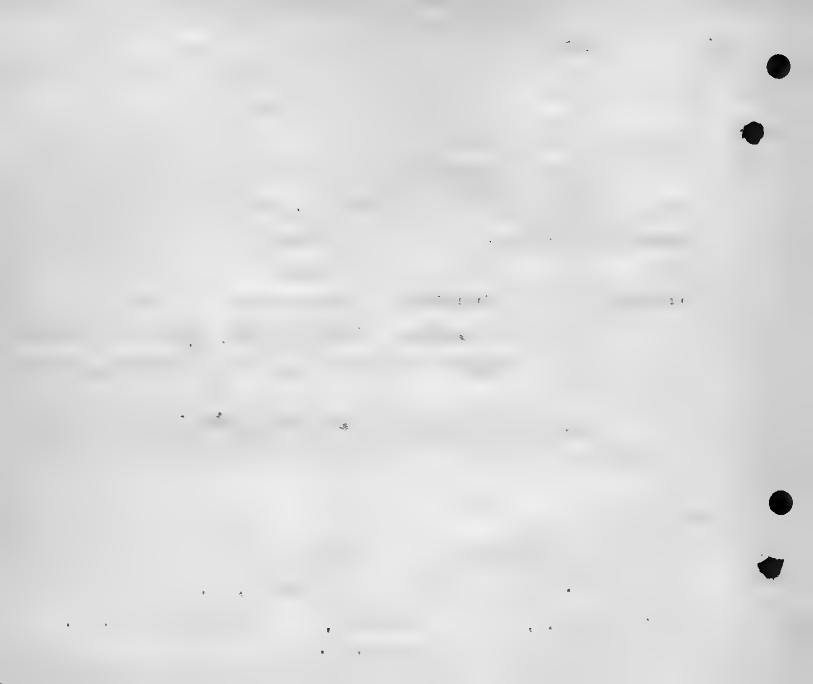


Item #2-CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutioni Residence before admission) a COUNTY g. STATE filed **b** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write -RURAL and give nearest jown) þe c. LENGTH OF STAY IN Th CITY OR JOWAY (If autside corporate limits, write RURAL and give nearest down) in belove of lar be d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES INO 3 NAME OF Middle 4. DATE Day Month Year DECEASED OF DEATH an (Type or print) 196 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE fin years lost to ryhday) Months Days WIDOWED | DIVORCED [yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b" KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMÉ IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT. no CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) 2000 1 **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** cattse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPS PERFORMED? YES TO NO TO 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part t or Fort II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, 20d INJURY OCCURRED Day, Year (County) (Stote) factory, street, office bldg., etc.) Hour g. m. While Not while at wark of work D. m 21. I certify that Lattended the deceased from ...that I last saw the deceased alive an_ and that death occurred at M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. JOCATION (City, town, or county) (State) FUNERAL DIRECTOR'S SIGNATURE 24b, REGISTRAR'S SIGNATURE 240, REC'D BY REGISTRAR DATE 15M 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, If institution, Residence before admission) . PLACE OF DEATH a. COUNTY Fredericks b. COUNTY Montgomer Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 e. CITY OR TOWN (If outside corporate fimilis, write RURAL and a ve neerest lown) write RURAL and give nearest lown) Olney davs Monrovia d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Montgomery General Hospital YES X NO 3. NAME OF Midd a 4. DATE Month Day Year DECEASED John Walker DEATH .Tanuary (Type or print) 19 62 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BRITH last birthday) | Months | Days Hours male WIDOWED [10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryaand United States Farm laborer 13. FATHER'S NAME . 14. MOTHER'S MAIDEN NAME John Walker Harriet Hobbs 15. WAS DECEASED EVER NULS, ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Address. (Yss, no, or unkown) | (liyesgive were rdates of service) Hospital Records above 18. CAUSE OF DEATH |Enter only one cause INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Interior chrocis, enchal versele DUE TO geve rise to immediate cause DUE TO (a), steting the undarlying cause last. PART II, OTHER SIGN FICANT CONDITIONS CONTRELITING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITIONS OF IN PART I(a) (19. WAS AUTOPS) 208. ACCIDENT WAS UNDERLYING L. OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, † 20f. (City or fown) (County) (State) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 1962, and that death occured ald ... M, from the causes and on the date stated above. saw the deceased alive on... 22a SIGNATURE ATTENDING SIGNED M DIRECTOR PHYS. 22d. ADDRESS 22c, PHYSICIAN'S McKendree Bover Damascus 230, BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State) EMOVAL (Specify) Browningsville. Md. Bethesda Meth. 1256, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE VR A15 (4) Damascus. Md. 15M 9/60 DATEJAN 9 Carlyna S. Three



	MARYLAND STATE DEPARTMENT OF HEALTH	
X	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL CERTIFICATE OF DEATH	AND NGAS
	PLACE OF DEATH US952 (1.2. HRUEL RESIDENCE /Where decented lived, if antiquing Residence)	A JULY
кΑЧ	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased hved, if institution, Residence to a. COUNTY p. STATE b. COUNTY	refore adm
MIL	MONTGOMERY MARYLAND MARYLAND MONTGOMERY	
-/	b, CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and it ve need	rest lown)
	write RURAL and give neerest town)	
	OLNEY 8 DAYS GAITHERSBURG d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	. 15 RESID
73	d, STREET ADDRESS	ON A F
	TO CASE DIVIDITE LIAME TO CASE DIVIDITE LA CASE DE LA C	YES 🗌 N
	NAME OF First Middle last 4. DATE Month Dey DECEASED OF	Year
	(Type or print) WILLIAM HUGHES WALKER DEATH 1 24	19 6
		UNDER 24
		lours .
	MALE WHITE WIDOWED DIVORCED 8/27/01 60 VIS.	
	Oa. LSUAL OCCUPATION (Give kind of work lone during most of working life, even if retirad) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF Visione during most of working life, even if retirad)	HAT COL
	HOISTING ENGINEER EASTERN HARD WALL MARYLAND U. S	Δ
~	3. FATHER'S NAME	
1. //		
ᅩᄼ	NATHAN A. WALKER FRANCES WILLIS HUGHES	
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) [[Ifyesgivewerardelesofservice]	
	HOSPITAL RECORDS	
	is. Cause of Death lenter only one cause per ing for (a), (b), and (c)	AL SETW
	PART DEATH WAS CAUSED BY: 17.7 In 17.7 11 17.7 14 1 7 15 C 21.7 PM Line 2 17.7	AND DE
	S MAMEDIATE CAUSE (a) 11 17 01/E D VATIOUS IN LIST PARTIES	
	Conditions, if eny, which DUE TO PORTAL CIRRHOSI'S OF LIVER	
	gave rise to immediate cause (a), stating the underlying DUE TO	
	causa lest.	
4		WAS AL
امك	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.0) 19. YES	PERFOR
	152	X H
	206. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20o. PLACE OF INJURY (Home, farm, 20f. (City or town,	(51
	Hour e.m. While Not While factory, street, office bldg., etc.}	
	21. 1 certify that (I) (this hospital) attended the deceased from	(I) (w
	saw the deceased alive on	stated
	22a SIGNATURE	22b.
	A.D. PHYS. DIRECTOR PHYS D	
,	22c PHYSICIAN'S 22d. ADDRESS	
/	NAME (Type A. D. BONIPANT, M.D. SANDY SPRING, MARYLAND	
	3a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county)	[Stet.
		Md.
	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRÂR 25b. REGISTRÂR'S SIGNATUR	E
	my out a family it is another.	
	sirbest C. Garther. Attimere part Jan 26 '62 Ching & Thin	A



BYMENT OF HEA DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00953 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased leved, If institutions Residence before edmission) a. COUNTY b. COUNTY Montgomery Virginia MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 45 days Mclean Bethesda (Rural) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 1804 Byrnes Drive U. S. Naval Hospital YES NO X 3. NAME OF Middle 4. DATE Month DECEASED OF (Type or print) DEATH January 17, 62 Robert Hume Wanless 6 COLOR OR RACE 7. MARRIED X NEVER MARRIED AGE (In years IF UNDER I YEAR ! 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months Male WIDOWED [DIVORCED [Caucasian July 6. 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? & State, or lore on country done during most of working life, even if retired) Retired Naval Officer Pennsylvania USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry Wanless Lotta Engstrom 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknown) | (If yes as ve war or dates of service) 01 8586 WIFE: Mrs. Mary Jayne Wanless, Same as #2 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) **DUE TO** geve rise to immediate cause **DUE TO** (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III). 19, WAS AUTOPSY PERFORMED? NO 20a ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert I of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form, 1 20f. [City or town] (County) (State) factory, street, office blde., etc.) While Not While Hour e.m. el work el work p.m. 21. I certify that (1 (this hospital) attended the deceased from Dec. 3.,, 1961, to Jan. 17, . 1962 that @ (we) last deceased alive on ... Jan17./19...62, and that death occurred at 10: MOAM the causes and on the date stated above. SIGNATURE 22b. DATE ATTENDING DIRECTOR PHYS January 17. 22 d. ADDRESS arry J. Hines. CDR MC USN U. S. Naval Hospital, Bethesda, Md. 23m. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, fown or county) (Stelle) REMOVAL (Specify) Arlington National Arlington, Virginia O -19-62 Burial Ambington, Va. 25a, REC'D BY REGISTRAR 1 25b, REGISTRAR'S SIGNATURE VR A1S (4) ZAR 1 9 '62 15M 7/61 **Honle** Wilson Blvd..



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY 00954 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased eved, if institution, Residence before admission) **b** COUNTY Montgomery County, Md.
b City or town (if outside corporate lim is, MARYLAND v c. LENGTH OF STAY IN 16 څ write RURAL end give nearest town) law requires that the death certificate be executed within 24 Germantown .5 Bethesda

d NAME OF HOSP, TAL OR INSTITUTION (If not in hosp to, g vo street address) Bethesda d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO Suburban Hospital Assoc. None completely 3 NAME OF DATE Month Day Yaar DECEASED OF Typs or print) DEATH 19 Mildred L. (Clagett) and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS lest birthdey) Months Hours Female WIDOWED DIVORCED physician гещоуе 10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY! dona during most of working life, even if retired) 13 FATHER'S NAME 14. MOTHER'S MA DEN NAME attending GLAGETT. ā 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Addrass (Yes, no, or unknown) | ((fyesgivawarordatesofservice) Spencer Ward Same Address 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b., and (c)] INTERVAL BETWEEN ۵ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMED ATE CAUSE (a) OUE TO Conditions, if any, which gava risa to immediata cause DUE TO (a), stating the underlying PART II. OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO WAS AUTOPSY PERFORMED? 20 0 NO. 208. ACCIDENT WAS UNDERLYING LIOR CONTRIBUTING LI CAUSE OF DEATH CRISE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Iam 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED , 20a. PLACE OF INJURY (Home, farm, , 20f (City or town, (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 80 DIRECT saw the deceased alive on..... 22b. DATE 22a SIGNATURE ATTEND NG PHY5. M D 226 PHYSICIAN'S death. Par NAME Type Veirs Mill Rd. Rockville. Stephen Jones director, be filed v 23d. LOCATION (City, town or county) 236, BURIAL, CREMATION, 236. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Feb 4. Darnestown, Harvland 1962 Buria! Darnestown H 25a REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 DATEFFB 5 allen & Theme

RYLAND STATE DEPARTMENT OF HEALTH



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. 2. USUAL RESIDENCE (Where deceased I vad, If institution, Residence before admission) 1. PLACE OF DEATH **■ COUNTY 6. STATE b.** COUNTY Page files. Health, MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate I mits, write RURAL and give need at town) b. CITY OR TOWN of outside irector. 9 6 IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street address) d. STREET ADDRESS ON A FARM? If any delay YES NO X retaind he State and 3 to the fune 3. NAME OF Middla DECEASED (Type or print) AGF (In years | IF UNDER 1 YEAR lest brindey) | Months | Days 6. COFOR OR RATE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 5. SEX with 2 Months | Days | WDOWED | DIVORCED 10a /USUAL OCCUPATION , G ve kind of work 1 12 CITIZEN OF WHAT COUNTRY? 10h, KIND OF BUSINESS OR NOUSTRY I 11 Pages pages 1 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME ARMED FORCES? 16 SOCIAL SECURTY NO. 17 INFORMANT Address (Yas, nou or unkown) (If yes give war or detes of service) permit INTERVAL BETWEEN 18 CAUSE OF DEATH [Enter only one cause per line for (e., ,b) and (c).] <u>_</u>C ONSET AND DEATH ce along burial-fransit PART I DEATH WAS CAUSED BY Dudden and IMMEDIATE CAUSE ,a) DUE TO removal This certifinate should if any. (6) gava rise to immadiata causa Ф "pending DUE TO (a), stoting the underlying Examiner nsed PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? Word 8 NO X Medical plnohs 20b, DESCR.BE HOW INJURY OCCURED, (Enter nature of in ury in Perf I or Perl I, of Jem 18.) 20s. EXTERNAL CAUSE WAS certificate, writing the PRIMARY OF CONTRIBUTING 29d. IN.URYOCCURED 20c. PLACE OF IN. URY (Home, form, 201. (City or town))
While Not While fectory street office hide CAL (County) (State) 20c. TIME OF INJURY Month, Dey, Year 196 1 at work at work forwarded to the Prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection ... Inquity 🔀 and in my opinion Undetermined manner Suicide 🗶 Homicide death resulted from. Natural causes Accident EDIC CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER should be ro DEPUTY MEDICAL EXAMINER EXAMINER'S TO DEPUT NAME (Type Addrass (Streat, city, town, or county) (State) 22d. LOCATION (City, town, or country) REMOVAL (Specify) 40 9 Arlington National Cemetery Buriel Arlington Virginia 246 REC'D BY REGISTRAR | 246, REGISTRAR'S SIGNATURE Georgia Ave VS. AISME Silver Spring. Md. DATE SM 9 60



1'	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	AAASC MEDICAL EXAMINER'S CERTIFICATE OF DEATH
UEALTH DEPT.	1. PLACE OF DEATH 2. USUAL BESIDENCE (Where deceased lived, if Institution: Residence before edmission)
ag si zi	* STATE b, COUNTY
ではずれり	b. C.IY OR TOWN (foutside corpora e limits c. LENGTH OF STAY IN 16)
2 2 2	OLNEY 7 DAYS / GERMANTOWN
ip name of the control of the contro	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
a a a a a a a a a a a a a a a a a a a	MONTGOMERY GENERAL HOSPITAL WATERS ROAD YES NO
any ne fu etair etair deat	3. NAME OF first Middle Lest 4 DATE Month Day Yeer DECEASED OF
4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4	(Type or print) JULIAN BOYD WATERS DEATH 1 31 19 62
A William	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF B.RTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
FE CHI	MALE WHITE WIDOWED X DIVORCED 9-10-78 83 ym.
1,2 1,2 and 72 72	done during most of working I fe, even if refired)
hour Pages Print Hin	RETIRED Farmer Farming MARYLAND U. S. A.
PW. PW.	Hereard Martin
E E	HURACE WAIERS MARY E. *** MARY E. *** MARY E. ** MARY E. ** Address (Yes, no, or unkown) (Ifyesgive-werordelesofservice) I.C.S. Yes, no, or unkown) (Ifyesgive-werordelesofservice)
多是是 是《 上》	No HOSPITAL RECORDS
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), eng(c).
exe cil in slong sansi ind i	PART I. DEATH WAS CAUSED BY: Direction meumonia, Bilaleral ONSET AND DEATH
John Solution of the second of	US COMPOSITOR OF THE STATE OF T
Pour Pour Pour Pour Pour Pour Pour Pour	Conditions, if ery, which (b) Plactuse 4-5-6-10-11-12 Dorsal spinel/ 9 dry
Hest Jing essa fre	(a), stating the underlying During
Sed amiring	COLOR DE SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160, 19, WAS AUTOSSY
LEX LEX	PERFORMED?
This year	YES NO
A Me	CAUSE OF DEATH.
iting hief	ZOC. TIME OF INJURY Month, Day, Year 200. INJURY OF URRED; 200. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
\$ \$0 a 5 }	20c. TIME OF INJURY Morth, Dey, Yeer 2Dd. INJURY OCCURRED: 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) Hour e.m. p.m. /-/2 196.2 st work et work work work work work work work work
Prince to the care of the car	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and is my opinion
E E E E E	death resulted from. Natural causes . Accident . Suicide . Homicide . Undetermined manner
Parent Pa	CHIEF MEDICAL EXAMINER
THE COLOR	SIGNATURE JANA O DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
E E E S	EXAMINER'S FLANKUT BROSCHAM DEPUTY MEDICAL EXAMINER IN 1-31-62
DEPT Should FUMI its de	228. BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. IOCATION TCHY, town, or country
O 9 4 1 9 O 8 42 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	REMOVAL (Specify)
VS. A15ME	Burial 2/2/62 Neelsville Cemetery Germantown Maryland 23. FUNERAL DIRECTOR 246. REGISTRAR 246. REGISTRAR 246. REGISTRAR 5 SEGNATURE
5M 7/59	Robert A. Pumphrey, Bethesda, Maryland DATE FER 6 '62 Outry & Kings
*	



ed in by the funeral es 1 and 2 should TO HOSPITAL OR AT THE PHYSICIAN: The law requires that the death certificate be executed within 24 howers. A death. Page 4 may be by the hospital or attending physician.

* TO FUNER DIRECTOR After this certificate has been signed by the attending physician and completely filted in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers of 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deaph.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 06950

DAAR

	1. PLACE OF DEATH 3 3 4 s. COUNTY	USUAL RESIDENCE (Where daceesed lived, if Institution: Residence before admission) a. STATE b. COUNTY
	Montgomery Maryland b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	Maryland Montgomery c. CITY OR TOWN (If Guitside corporate limits, write RURAL and give neerest town)
1	write RURAL and give neerest town) Olnev 8 Davs	Rural* Lewisdale
Ì	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress,	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
	Montgomery General Hospital	RFD, Monrovia YES NO
	DECEASED	Last 4. DATE Month Dey Year OF DEATH T
		DATE OF BIRTH 19. AGE (In yeers IF UNDER 1 YEAR, IF UNDER 24 HRS.
	Male White WIDOWED DIVORCED	June 5, 1876 85 yrs. Months Deys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
	Nursery Work Florist	Lewisdale, Md. USA
1		
ł	Julius M. Watkins 15. Was Deceased Eyer in u.s. Armed Forces? 16. Social Security No. 17. I	Amanda Norwood NFORMANT Address
	(Yas, no, or unkown) (Ifyes give we ror detes of service) 212-29-1533	Mrs Mattie Watkins. Item 2
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]	INTERVAL BETWEEN ONSET AND DEATH
	, IMMEDIATE CAUSE (6)	
	our to Generalized Arte	eriosclerosis 20 years
ı	Conditions, if eny, which (b)	
	(e), stating the underlying DUE TO Lobular Pneumoni	la la days
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED?
		YES NO K
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER,	(Enter nature of injury in Part I or Pert II of itam 18.)
	Hour a.m. WhileNot While facts	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Siete) ory, streat, office bldg., atc.)
		Ianuary. 1935., to Jan. 9, 1962, that (1) (w) las
	I saw the deceased alive on Tana 9 . 1962 and that	death occured 11.30R, from the causes and on the date stated above
	228 SICHATURE	ATTENDING MED. STAFF 22b. DATE
١		.o. PHYS. 🗶 DIRECTOR 🗌 PHYS. 🗋 January 10,
1	22c. PHYSICIAN'S NAME (Type) M. McKendree Boyer, H.	D. 22d. ADDRESS 19860 Main Street, Damascus, 1962
	238, BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY (REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Burial Jan. 11,1962 Bethesda	Methodist Browningsville Ma.
	24 FUNERAL DIRECTOR'S SCHAPERED DAMASCUS.	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE AN 1 2 '62 Circles L. Kruss
		- DAIL



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 0959 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) a. COUNTY b. COUNTY 5 4 Montgomery MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN Ilf outside corporate limits, write RURAL and give neerest town / wirte RURAL and give nearest town Bethesda (Rural) 56 days Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? U.S. Naval Hospital. Bethesda, Maryland 5718 Wilson Lane YES NO O plately 3. NAME OF 4. DATE Month DECEASED (Type or print) DEATH 19 62 Florence Elizabeth Weeden 11 January and cor W.F 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Hours Female Caucasian DIVORCED 30 November 1892 WIDOWED 10a. JSJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) New York Housewife USA 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME Harry Davis Barbara Buchar 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Bethesda, Maryland [Yes, no, or unknwn] [If yes give wer or deles of service Husband William W. Weeden 5718 Wilson Lane, 18. CAUSE OF DEATH |Enter only one cause per line for |a], (b) end (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE IN DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I WAS AUTOPS PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of Item 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 1 Month, Day, Year 20d. INJURY OCCURRED | 20f. (City or fown) (County) (State) fectory, street, office bldg., etc. Hour e.m. While Not While et work et work 21. I cartify that (IX(this hospital) attended the deceased from 17. November., 1961, to 11. January, 19.62 that X) (we) last SIGNATURE 22b. DATE ATTENDING DIRECTOR PHYS. XX PHYS. ыn 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) LOUIS E. POTVIN LCDR MC USN U. S. Naval Hospital, Bethesda, Md. Ö, 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (Stelle) REMOVAL (Specify) L-13-62 Burial Arlington National Arlington, Virginia ADDRESS 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) 15M 7 61 Mryland Pumphrey Bethesda M. Thun & Stratt

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LAND STATE DEPARTMENT OF HEALTH

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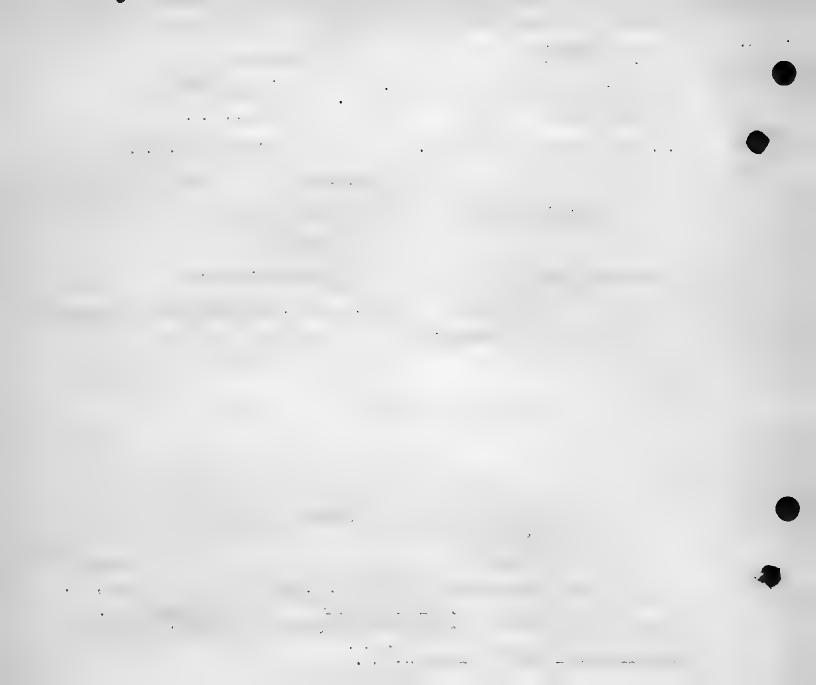
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1	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
E.S.	00959	<u> </u>
Pag (NI)	1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY b. COUNTY	Residence before admission)
1 2 2 E	b. CITY OR TOWN (if outside corporate limits, write RURAL a	5 To N
4 20 E	Takoma Park 3Moiths 8days WASA, DC.	42, 0
3 75	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)	IS RESIDENCE ON A FARM?
	Washington Jan. + Hospital 1006-30=37 SE	YES NO 🔼
nplet pape 72	DECEASED OF TOTAL	19 19 62
on cor	S SEX ,6. COLOR OR RACE 7 MARRIED NEVER MARRIED 1 8 DATE OF BIRTH 19. AGE (In years IF UNDER	
rand carl int, v	Male XV hite WIDOWED DIVORCED 9-11-91 100 yrs. Months	Days Hours Min
siciar nove r eve	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. C	ITIZEN OF WHAT COUNTRYT
phy e rei	Vehicle Operator D. C. Transit Co, Virginia	1,5,A,
ding ding	Theodore White SudiE Davis	
an transfer of the first	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yas, no, or unknown (Ifyesgivewer'or delessof service).	_
that the the emo	Tie. CAUSE OF DEATH (Enter only one cause per line for (e), (b) and (c).	INTERVAL SETWEEN
irres Sicial d by perm or r	PART I, DEATH WAS CAUSED BY:	ALCOHOL ALON BUT A WAY
phy phy igne nsit fion,	DUE TO	June Co
law ding ding sen s sen s reme	Conditions, it only, which) (b) Brenchogenie Carcinowa, primar	y woults
aften atten burit	gave rise to immediate ceuse (e), stating the underlying DUE TO	
And the part of th	Cause less (c) PART I . OTHER S GNIFICANT CONDITIONS CONTR. BUT NOT DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PA	
o se se difficiente de la constante de la cons	——————————————————————————————————————	YES PERFORMED?
For the prince by the prince b	20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED (Enternature of njury in Part I of Irom 18.) OR CONTRIBUTING CAUSE OF DEATH OF IETHER, NOTIFY MEDICAL EXAMINER)	
by # the		ounty, (Stele)
Afficial Aff	ZOc. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, Prim, 19 at work a	,
P B B B		962 that (I) (we) last
NEC NEC	saw the deceased alive on 19.62 and that death occurred et.10 AM, from the causes and on	
D H S S S S S S S S S S S S S S S S S S	22e SIGNATURE ATTENDING MED STAFF PHYS. DIRECTOR PHYS.	225. DATE SIGNED
Page Nith /	22c PHYSICIAN'S 22d. ADDRESS	TI DLI
UNIX Hody	1.11. LUNOS 1 ROM, 17. D. 1600 Carroll 110e.	/akowa PK, M
O o o o o o o o o o o o o o o o o o o o	230. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or coursely control of the course of the	(Siele)
YR AIS (4)	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258 REC'D/84 REGISTRAR 256 REGISTRAR	SIGNATURE
15M 7,61	WW. Chambles to 5/7-11-Style Wash DG, DATEJAN 23'62 arily &	7 7 7
4)		



(V)	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, CERTIFICATE OF DEATH
	00960
5	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where decessed lived, if institution. Residence before admission as STATE b. COUNTY
VI J	Montgomery Maryland District of Columbia
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
./	Bethesda (Rural) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS d. STREET ADDRESS
	U.S. Naval Hospital, Bethesda Md. 3. Name of Modile Ave., S.E.
	DECEASED OF
ŀ	Telesa Lynn whitehight lanuary 24 17 62
	last birthday) Months Days Hours Min.
-	Female Caucasian WIDOWED DIVORCED March 5 1961 Va. 10 18 10a. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 12, CHIZEN OF WHAT COUNTRY
	done during most of working life, even if retired)
H	Infant Maryland USA 13. FATHER'S NAME USA
-	
上》	Terry Allen Whitenight Agnes Marion Farrell 45. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	(Tes, no, or unknown) ((tyes give wer or detes of service)
·	18. CAUSE OF DEATH [Emfer only one cause per line for (e), (b), and (c).] Mrs. Agnes M. Whitenight (Mother) Same as #2 INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY:
	IMMEDIATE CAUSE (n) Dehydration
	DUE TO
	Conditions, if any, which (b)
	(a), stating the underlying DUETO
2	161
~	PERFORMED?
	YES NO [] ZOB. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part I. of Hem 18.)
	206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part I. of tiem 18.) OR CONTRIBUTING CAUSE OF DEATH OF THE CONTRIBUTION OR CONTR
	5 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (Stelle)
	Hour s.m. While Not While factory, street, office bldg., etc.)
	21. I certify that N (this hospital) attended the deceased from 23. January. 1962, 10.23January, 19.62 that N) (we) la
	saw the deceased alive on 23January19. 62., and that death occured #13.30MPN on the causes and on the date stated above 226. SIGNATURE
	ATTENDING MED. STAFF
7	22c PHYSICIAN'S
	NAME (Type FREDERIC SCHULANER LT MC USN U. S. Naval Hospital, Bethesda, Md.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23cMbame OI CWEIGHT CORNELLETY 23d. LOWS 110 CONTROL (State)
	Burial JAN 26 196 LANDEND WASHINGTON, D. C.
	Taltavull Funeral Home 3603 14th St. N.W. Date JAN 26 '62 Carthur S. Hand
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA CERTIFICATE OF DEATH pluods 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution Residence before admission) e. COUNTY **b.** COUNTY MONTGOTERY MARYLAND b. CITY OR TOWN (if outside corporate limits, ELENGTH OF STAY IN 16 c. CITY OR TOWN III guisted corporate limits, write RURAL and a ve negresi town write RURAL and give negrest town) Bethesda Rockville d NAME OF HOSP TAL OR INSTITUTION (if not in hosp tal, give street address) d STREET ADDRESS e. 15 RESIDENCE ON A FARM? Subu rban 617 Stone street Ave. YES NO NAME OF complete Middia DECEASED OF DEATH ed (Type or print) Fanny Wilson 1962 January and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdey) | Months | Days Dec. 2. 1885 Female Col. WIDOWED TY D YORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY: 11 BIRTHPLACE County & State, or foreign country 1 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) USA Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unkown) | (livesgivewerordetesofservice) Charles H. Wilson, son same as above 18. CAUSE OF DEATH |Enter only one cause per ine for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO ypertensive heart disease fany, which gave rise to immediate cause DUE TO (a), sletting the underlying the PART II OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 16: 19. WAS AUTOPSY PERFORMED? 20a ACC DENT WAS UNDERLYING [] | 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of in cry in Part | or Pa OR CONTRIBUTING [CAUSE OF DEATH R: After this detached for (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaer 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (County) (State) factory, street, office bldg , etc.) While Not While Hour a.m. at work et work DIRECTOR: 3 should be de 22b. DATE SIGNATURE 5 GNED ATTENDING STAFF PHYS. DIRECTOR MD 22d. ADDRESS FUNER ector, 230. BURIAL, CREMATION, 235 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) å ë. 0 Rockville. Md Buriel Lincoln Park Cem. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If instifution; Residence before edmission) e. COUNTY e. STATE b. COUNTY by the and 2 Montgomery Maryland Montgomery
c. City of TOWN (If outs de corporete limits, write RURAL and give nearest town) MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Œ, 27 days Rethesda OR INSTITUTION (if not in hospite, give street eddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO V Suburban completel 3. NAME OF M'ddle Yeer DECEASED (Type or print) DEATH 9. AGE (In years and col IF UNDER TYPEAR 6. COLOR OR RA. 1. MARRIED TO NEVER MARRIED last birthday) Months Hours DIVORCED WIDOWED Male IDe. USUAL OCCUPATION (G ve kind of work гетоув 106 KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) G.C Murphy Co. MOTHER'S MAIDEN NAME Manager W.S.4 13. FATHER'S NAME Jessie Ann_Niell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? I 16, SOCIAL SECURITY NO.1 17. INFORMANT Address (Yes, no, or unknwn) ; (If yes give war or detes of service) No 095-05-4711 Wife Mrs. Yvette Wilson 18. CAUSE OF DEATH [Enter only one couse per une for (e), (b , end (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e) DUF TO Conditions, if e y, which geve rise to immediate causa **BUE TO** (4), slelling the underlying PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY PERFORMED? NO DO 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCR BE HOW INJURY OCCURED, (Enter nature of niury in Pert 1 or Pert 11 of item 18.) 2Dd, INJURY OCCURRED | 2De PLACE OF INJURY (Home, ferm, 1 2Df. (City or town) 20c. TIME OF INJURY (County) (Stete) Month, Dev. Year Not While factory, street, office bldg., etc.) Hour n.m. et work et work to 141am 1964 that (1) (we) last 21. I certify that (I) (this-hospital) attended the deceased from ... 200 t. ...19.62 and that death occured at 220 M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE 22e SIGNATURE S GNED ATTENDING DIRECTOR PHYS. 4519162 PHYS. HOSPITAL eath. Pr 22d. ADDRESS 22c. PHYSICIAN'S Wyman NAME (Tybe) Bethesda. Maryland 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 Burial-Transit Cemetery TY Millville, New Yor 25°. REC'D BY REGISTRAR'S SIGNATURE New York ADDRESS. 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 Robert A. Pumphrey, Bethesda, Maryland DATEJAN 1 6 '62 Calley & Thous

certificate be executed within 24

DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, I institution; Residence before edmission) COUNTY e. STATE **b.** COUNTY CITY OR TOWN (if outside corporate limits, write RURAL and give Flares) town) MARYLAND c. LENGTH OF STAY IN TO c. CITY OR TOWN (If outside corporete limits, write RURAL and give necrest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress, . IS RESIDENCE ON A FARM? YES NO Middle DECEASED DEATH (Type or print) AGE (In yeers | IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED lest birthday, Months WIDOWED USLAL OCCUPATION (G ve kind of work 12, CITIZEN OF WHAT COUNTRY? during most of working I fe, even if retired) ecretary MOTHER'S MAIDEN NAME please WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (Ifyesgivewerordetesofservice 18. CAUSE OF DEATH (Enter only one cause per line for ta) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** Conditions, if erly, which [6] gave rise to immediate cause **OUTTO** (e), stelling the underlying couse lest, PART II. OTHER SIGN FICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED PERFORMEDI NO 200, ACCIDENT WAS UNDERLYING [] 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item IB.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MED CAL EXAMINER, 20d INJURY OCCURRED | 20s. PLACE OF INJURY (Home, farm, (County) 20c TIME OF INJURY Month, Day, Year 20f. (City or town) (Stelle) factory, street, office bldg., etc.) While Not While Hour e.m. at work at work 196 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from... AM, from the causes and on the date stated above. .. 196.2., and that death occured at saw the deceased alive on.... 22e. SIGNATUR ATTENDING SIGNED PHYS. DIRECTOR M.D. 22c PHYSICIAN S 22d. ADDRESS death Par OR CREMATORY 23a. BURIAL, CREMATION, 23b Suitland. REMOVAL (Specify) Crematory OH OH 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A35 (4) Circling S. Kraus 15M 9/60

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STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DET 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) e. COUNTY b. COUNTY MARYLAND es. b. CITY OR TOWN (if outside corporate limits. c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give hearest town) write RURAL and give regrest town HOSPITAL OR INSTITUTION (if not in hospital, give street a dress) IS RESIDENCE ON A FARM? YES NO 3 to the fur 3. NAME OF DECEASED OF (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED 9. AGE IN YOURS IF UNDER I YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH NEVER MARRIED 2 with last bijfhday) Months | Days DIVORCED 20 5 1 and 72 ho AL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE ISlate or foreign country 12. CITIZEN OF WHAT COUNTRY date during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME eji. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, ng. or unkown) | (Hyesgive werondates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN Office along ONSET AND, DEATH PART I. DEATH WAS CAUSED BY: milete IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause 10 **DUE TO** (a), stating the underlying cause lest. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [10] 17. WAS AUTOPSY PERFORMED? 2 NO V 20a, EXTERNAL CAUSE WAS 20b. DESCR.BE HOW INJURY OCCURED. (Enter nature of in very in Part I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. E d to the Chi. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20c. TIME OF INJURY Month Day, Year .County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. et work et wark Inquiry 12 and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED should by for DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 226. NAME OF CEMETERY OR CREMATORY 226. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) <u>040</u> Silver Spring, Maryland Gate of Heaven Cem. Burial 23. FUNERAL DIRECTOR 248, REC'D BY REGISTRAR | 246, REGISTRAR'S SIGNATURE VS. A15ME Robert A. Pumphrey, Bethesda, Maryland DATE allen & H 5M 9/60



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Jim P	NAME (TYPO) Robert A. Have MD 7600 Carroll Que T.P. Md.
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